

INTRODUCTION AND PARENTAL CONSENT
(READ TO PARENT OR GUARDIAN OF ADOLESCENT RESPONDENT AGE 15-17)

In this survey, we are going to interview never married women age 15-24 individually. We are interested in their knowledge, attitudes and practice in reproductive health care. This information will be useful to the government in developing plans to provide health services tailored specifically to address the needs of young people.

We would very much appreciate your permission to have your daughter(s) to participate in this survey. The survey usually takes about 30 to 40 minutes to complete. Whatever information your children provide will be kept strictly confidential and will not be shown to other persons.

May we interview (NAME OF CHILDREN) in private? If you decide not to allow your child(ren) to be interviewed, we will respect your decision. What is your decision?

RESPONDENT AGREES
TO BE INTERVIEWED . .

1



SECTION 1

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED . .

2

→ END

SIGNATURE OF INTERVIEWER _____

DATE _____

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Statistics Indonesia. We are conducting a survey about the health of women, men and children in Indonesia. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). The information we collect will help the government to plan health services. The survey usually takes about 30 to 40 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.

Do you have any questions?

May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD „00“ YEARS.	YEARS <input type="text"/> <input 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 (PROVINCE/STATE) did you live in?	PROVINCE/STATE ¹⁾ <input type="text"/> <input type="text"/> _____ DISTRICT/CITY*) <input type="text"/> <input type="text"/> _____ CODES FILLED BY OFFICE EDITOR	
104A	Where did you live five years ago?	PROVINCE/STATE ¹⁾ <input type="text"/> <input type="text"/> _____ DISTRICT/CITY*) <input type="text"/> <input type="text"/> _____ CODES FILLED BY OFFICE EDITOR	
105	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	

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TO BE INTERVIEWED .. 1

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→ 111
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY/DI/DII/DIII 4 DIV/UNIVERSITY 5	
109	What is the highest [GRADE/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'. COMPLETED = 7	GRADE/YEAR <input type="text"/> DON'T KNOW 8	
110	CHECK 108: CODE '1' <input type="checkbox"/> CIRCLED ↓ CODES '2', '3' '4' OR '5' CIRCLED <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 BLIND/VISUALLY IMPAIRED 4	
112	CHECK 111: CODE '2' OR 3' CIRCLED <input type="checkbox"/> ↓ CODE '1' OR '4' 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	

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RESPONDENT AGREES
TO BE INTERVIEWED .. 1

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



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	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, including <i>browsing, Facebook, Twitter, WhatsApp, BBM, online game, Skype, Instagram and others?</i>	YES 1 NO 2	→ 201
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	→ 201
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	

SECTION 2. REPRODUCTION

Now I would like to ask about all the births you have had during your life.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	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	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: ONE OR MORE LIVE BIRTH <input type="checkbox"/> ↓ Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> ↓ NO LIVE BIRTH <input type="checkbox"/> ↓ Just to make sure that I have this right: you had no live births during your life. Is that correct? NO <input type="checkbox"/> ↓ PROBE AND CORRECT 201-208 AS NECESSARY.									
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> ↓	NO BIRTHS <input type="checkbox"/> →	→ 226								

211 Now I would like to record the names of all your births, whether still alive or not. Starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

(IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby? RECORD NAME BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	IF ALIVE How old was (NAME) at his/her last birthday? RECORD AGE AT COMPLETED YEARS.	IF ALIVE Is (NAME) living with you?	IF ALIVE RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD ,00' IF CHILD NOT LISTED IN HOUSEHOLD).	IF DEAD How old was (NAME) when he/she died? IF "1 YEAR", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. IF LESS THAN 1 DAY, RECORD ,00'	Were there any other live birth between (NAME OF PREVIOUS BIRTH) and (NAME)?
01 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . 1 NO . . 2	HH LINE NO. <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 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . 1 NO . . 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (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 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . 1 NO . . 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (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 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . 1 NO . . 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (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 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . 1 NO . . 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES . . . 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
06 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . 1 NO . . 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (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	218	219	220	221
What name was given to your (first/next) baby? RECORD NAME BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	IF ALIVE How old was (NAME) at his/her last birthday? RECORD AGE AT COMPLETED YEARS.	IF ALIVE Is (NAME) living with you?	IF ALIVE RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD .00' IF CHILD NOT LISTED IN HOUSEHOLD).	IF DEAD How old was (NAME) when he/she died? IF "1 YEAR", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. IF LESS THAN 1 DAY, RECORD .00'	Were there any other live birth between (NAME OF PREVIOUS BIRTH) and (NAME)?
07 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (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
08 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH
09 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH
10 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH
11 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH
12 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO .. 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES .. 1 NO .. 2	RECORD IN TABLE ↙		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK √ : NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN JANUARY 2012 OR LATER.	NUMBER OF BIRTHS <input type="checkbox"/> NONE	→ 226
225	C FOR EACH BIRTH SINCE JANUARY 2012, ENTER „L” IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE „L” CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD „H” IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF „H”s MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED).		
226	Are you pregnant now?	YES 1 NO 2 DON'T KNOW 8	→ 230
227	How many months pregnant are you? C RECORD NUMBER OF COMPLETED MONTHS. ENTER „H”S IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND	MONTHS <input type="checkbox"/> <input type="checkbox"/>	
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 ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> a) Did you want to have a baby later on or did you not want b) Did you want to have a baby later on or did you not want	LATER 1 NO MORE/NONE 2	
230	Have you ever had a pregnancy that ended with miscarriage, abortion, or still birth?	YES 1 NO 2	→ 239
231	When did the last such pregnancy end?	MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP TO	
232	CHECK 231: LAST PREGNANCY ENDED IN JANUARY 2012 OR LATER <input type="checkbox"/> SKIP TO 234	LAST PREGNANCY ENDED BEFORE JANUARY 2012 <input type="checkbox"/>		238A	
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?	234A How did the pregnancy end, miscarriage, abortion, or stillbirth?	235 Since January 2012, have you had any other pregnancies that did not a live birth?	
01		<input type="text"/> <input type="text"/> NUMBER OF MONTHS	MISCARRIAGE ... 1 ABORTION 2 STILLBIRTH 3	YES 1 NO 2	→ NEXT LINE → 236
02	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	MISCARRIAGE ... 1 ABORTION 2 STILLBIRTH 3	YES 1 NO 2	→ NEXT LINE → 236
03	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	MISCARRIAGE ... 1 ABORTION 2 STILLBIRTH 3	YES 1 NO 2	→ NEXT LINE → 236
04	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	MISCARRIAGE ... 1 ABORTION 2 STILLBIRTH 3	YES 1 NO 2	→ 236
236	IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE. C FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2012-2017, ENTER 'K' IN THE MONTH THAT THE PREGNANCY TERMINATED, 'A' FOR A PREGNANCY THAT WAS ABORTED, OR 'S' FOR A PREGNANCY THAT ENDED IN STILLBIRTH, AND 'H' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.				
237	Did you have any miscarriages, abortions or stillbirths that ended before January 2012?	YES 1 NO 2		→ 239	
238	When did the last such pregnancy that terminated before 2012 end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																		
238A	Before January 2012 how many times did you have: a. Miscarriage? b. Abortion? c. Stillbirth?	MISCARRIAGE <table border="1" data-bbox="1133 149 1224 277"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> ABORTION <table border="1" data-bbox="1133 212 1224 277"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> STILLBIRTH <table border="1" data-bbox="1133 233 1224 277"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																			
239	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1133 296 1224 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> WEEKS AGO ... 2 <table border="1" data-bbox="1133 359 1224 422"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> MONTHS AGO ... 3 <table border="1" data-bbox="1133 422 1224 485"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> YEARS AGO ... 4 <table border="1" data-bbox="1133 485 1224 548"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH/LAST MISCARRIAGE ... 995 NEVER MENSTRUATE ... 996																			
240	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she had have sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	↘ 242																		
241	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8																			
242	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES 1 NO 2 DON'T KNOW 8																			

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305G	Why aren't you taking the pills these days?	HUSBAND/PARTNER AWAY 01 FORGOT 02 HEALTH REASONS 03 COST TOO MUCH 04 NO NEED TO TAKE DAILY 05 RAN OUT 06 MENSTRUATING 07 OTHER 96	→ 309
306	How many weeks ago did you have an injection?	WEEKS AGO <input type="text"/> <input type="text"/>	
306A	CHECK 304: CODE 'D' <input type="checkbox"/> CIRCLED	CODE 'E' <input type="checkbox"/> CIRCLED	
306B	CHECK 306: MORE THAN <input type="checkbox"/> 4 WEEKS <input type="checkbox"/> → 309 4 WEEKS OR LESS	MORE THAN <input type="checkbox"/> 13 WEEKS <input type="checkbox"/> → 309 13 WEEKS OR LESS	
306C	Why haven't you had an injection recently?	HUSBAND/PARTNER AWAY 1 FORGOT 2 HEALTH REASONS 3 COST TOO MUCH 4 OTHER 6	→ 309
306D	When did you start using implant?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
306E	CHECK 306D: COMPUTE DURATION OF IMPLANT USE.	DURATION IN MONTHS <input type="text"/> <input type="text"/>	
306F	CHECK 306E: MORE THAN <input type="checkbox"/> 36 MONTHS	36 MONTHS <input type="checkbox"/> → 309 OR LESS	
306G	Why haven't you had the implant taken out?	HUSBAND/PARTNER AWAY 01 FORGOT 02 HEALTH REASONS 03 COST TOO MUCH 04 NO ACCESS TO HEALTH FACILITY 05 AFRAID OF PROCEDURE 06 OTHER 96	→ 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>HOSPITAL 11</p> <p>CLINIC 12</p> <p>PRIMARY HEALTH CENTER 13</p> <p>SUB/MOBILE PRIMARY HEALTH CARE 14</p> <p>FAMILY PLANNING MOBILE UNIT 15</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL/MOTHER AND CHILD HOSPITAL/ MATERNITY HOSPITAL 21</p> <p>PRIVATE CLINIC/MATERNITY CLIN 22</p> <p>PRIVATE OBSTETRICIAN/GYNECOLOGIST .. 23</p> <p>PRIVATE DOCTOR/GENERAL PRACTITIONER.. 24</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</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 style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>							<p>→ 309B</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 style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>								
309A	<p>CHECK 304:</p> <p>CODE 'A' TO 'H' <input type="checkbox"/></p> <p style="margin-left: 20px;">CIRCLED</p>	<p>CODE 'A' TO 'H' <input type="checkbox"/></p> <p style="margin-left: 20px;">NOT CIRCLED</p> <p style="margin-left: 100px;">→</p>	310							
309B	<p>How much did you (your husband/partner) pay in total for the contraceptives/ sterilization, including any consultation you (he) may have had?</p>	<p>Rp. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>								
309C	<p>When you obtained the (CURRENT METHOD), did you use the National Health Insurance (JKN or BPJS) or any other health insurance?</p>	<p>YES, NATIONAL HEALTH INSURANCE WITH NO PREMIUM 1</p> <p>YES, NATIONAL HEALTH INSURANCE WITH PREMIUM 2</p> <p>YES, OTHER HEALTH INSURANCE 3</p> <p>NO 4</p>								
309D	<p>CHECK 304:</p> <p>CODE 'A' OR 'B' <input type="checkbox"/></p> <p style="margin-left: 20px;">CIRCLED</p>	<p>CODE 'A' OR 'B' <input type="checkbox"/></p> <p style="margin-left: 20px;">NOT CIRCLED</p> <p style="margin-left: 100px;">→</p>	310							
309E	<p>CHECK 304:</p> <p>CODE 'A' <input type="checkbox"/></p> <p style="margin-left: 20px;">CIRCLED</p> <p>Before the sterilization operation, were you told that you would not able to have any (more) children because of the operation?</p> <p>.....</p> <p>CODE 'B' <input type="checkbox"/></p> <p style="margin-left: 20px;">CIRCLED</p> <p>Before the sterilization operation, was your husband/ partner told that he would not able to have any (more) children because of the operation?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>								

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
309F	Have you ever heard about recanalisation, that is an operation to reverse sterilization?	YES 1 NO 2	→ 310
309G	Do you know where a person can have an operation to reverse sterilization?	YES 1 NO 2	
310	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 NO <input type="checkbox"/> YES <input type="checkbox"/>	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).	

SECTION 3. CONTRACEPTION

311	<p>CHECK 308 AND 309:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SINCE JANUARY 2012 </p> <p>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> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>EARLIER THAN JANUARY 2012 </p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2012 .</p> <p>THEN ↓ (SKIP TO 324) ←</p> </div> </div>
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>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2012. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>C IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> • When was the last time you used a method? Which method was that? • When did you start using that method? How long after the birth of (NAME)? • How long did you use the method then? <p>IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> • Where did you obtain the method when you start using it? • (for LAM or rhythm or withdrawal) Where did you get advice on how to use the method? <p>IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> • Why did you stop using the (METHOD)? • Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER „0” IN EACH SUCH MONTH IN COLUMN 1.</p>

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"/>		→ 314A
314	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 326
314A	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE RECORD '00'	NUMBER OF LIVING CHILDREN <input type="text"/> <input type="text"/>	
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 INJECTION 1 MONTH 04 INJECTION 3 MONTHS 05 IMPLANTS 06 PILL 07 CONDOM 08 LACTATIONAL AMENORRHEA METHOD 09 RHYTHM METHOD 10 WITHDRAWAL 11 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 326 → 319 → 327 } → 323
316	You first started using (CURRENT METHOD FROM 315) in (DATE FROM 309). Where did you get (METHOD in 315) 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)	COMMUNITY-BASED HEALTH CARE VILLAGE HEALTH POST VILLAGE MATERNITY POST 11 INTEGRATED HEALTH SERVICE POST 12 OTHER POST 13 _____ (SPECIFY) PUBLIC MEDICAL SECTOR GOVT HOSPITAL 21 GOVT. CLINIC 22 PRIMARY HEALTH CENTER 23 SUB/MOBILE PRIMARY HEALTH CARE 24 MOBILE HEALTH/FAMILY PLANNING CLINIC 25 FP FIELD WORKER 26 VILLAGE FAMILY PLANNING POS 27 VILLAGE MIDWIFE 28 OTHER PUBLIC 29 _____ (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL/MOTHER AND CHILD HOSPITAL/MATERNITY HOSPITA 31 PRIVATE CLINIC MATERNITY CLINIC 32 PRIVATE OBSTETRICIAN AND GYNECOLOGIST 33 PRIVATE GENERAL PRACTITIONER 34 PRIVATE MIDWIFE 35 PRIVATE NURSE 36 OTHER PRIVATE 37 _____ (SPECIFY) OTHER PHARMACY/DRUG STORE 41 SHOP 42 OTHER 43 _____ (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 INJECTION 1 MONTH 04 INJECTION 3 MONTHS 05 IMPLANTS 06 PILL 07 CONDOM 08 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	 → 323 → 322 → 323

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	
321A	Did you have any health problems in using (CURRENT METHOD IN 314) ?	YES 1 NO 2	→ 322
321B	What is the side effects or health problem did you experience from using the contraceptive method?	WEIGHT GAIN 01 WEIGHT LOSS 02 BLEEDING 03 HYPERTENSION 04 HEADACHE 05 NAUSEA 06 NO MENSTRUATION 07 WEAK/TIRED 08 ACNE 09 IRREGULAR PERIOD 10 OTHER 96 DON'T KNOW 98	
322	CHECK 318 AND 319: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ANY 'YES' <input type="checkbox"/></p> <p>↓</p> <p>a) At that time, were you told about other methods of family planning that you could use?</p> </div> <div style="border-left: 1px dashed black; padding-left: 10px; text-align: center;"> <p>OTHER <input type="checkbox"/></p> <p>↓</p> <p>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?</p> </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	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 INJECTION 1 MONTH 04 INJECTION 3 MONTHS 05 IMPLANTS 06 PILL 07 CONDOM 08 LACTATIONAL AMENORRHEA METHOD 09 RHYTHM METHOD 10 WITHDRAWAL 11 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>_____ (NAME OF PLACE)</p>	<p>UKBM</p> <p>VILLAGE HEALTH POST/VILLAGE BIRTH FACILITY 11</p> <p>HEALTH POST 12</p> <p>FP POST 13</p> <p>OTHER POST 14</p> <p>_____ (SPECIFY)</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVT HOSPITAL 21</p> <p>GOVT CLINIC 22</p> <p>PRIMARY HEALTH CENTER 23</p> <p>SUB/MOBILE PRIMARY HEALTH CENTER 24</p> <p>MOBILE HEALTH/FAMILY PLANNING CLINIC 25</p> <p>FP FIELD WORKER 26</p> <p>VILLAGE MIDWIFE 27</p> <p>OTHER PUBLIC 28</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL/MATERNITY HOSPITAL 31</p> <p>PRIVATE MATERNITY CLINIC 32</p> <p>PRIVATE OBSTETRICIAN /GYNECOLOGIST 33</p> <p>PRIVATE GENERAL PRACTITIONER 34</p> <p>PRIVATE MIDWIFE 35</p> <p>NURSE 36</p> <p>OTHER PRIVATE 37</p> <p>_____ (SPECIFY)</p> <p>OTHER</p> <p>PHARMACY/DRUG STORE 41</p> <p>SHOP 42</p> <p>OTHER 43</p> <p>_____ (SPECIFY)</p>	<p>327</p>
326	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 327</p>

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
326A	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p>	<p>UKBM</p> <p>VILLAGE HEALTH POST/VILLAGE BIRTH FACILITY A</p> <p>HEALTH POST B</p> <p>FP POST C</p> <p>OTHER POST D</p> <p align="center">(SPECIFY)</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVT HOSPITAL E</p> <p>GOVT CLINIC F</p> <p>PRIMARY HEALTH CENTER G</p> <p>SUB/MOBILE PRIMARY HEALTH CENTER H</p> <p>MOBILE HEALTH/FAMILY PLANNING CLINIC I</p> <p>FP FIELD WORKER J</p> <p>VILLAGE MIDWIFE K</p> <p>OTHER PUBLIC L</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL/MATERNITY HOSPITAL M</p> <p>PRIVATE MATERNITY CLINIC N</p> <p>PRIVATE OBSTETRICIAN /GYNECOLOGIST O</p> <p>PRIVATE GENERAL PRACTITIONER P</p> <p>PRIVATE MIDWIFE Q</p> <p>NURSE R</p> <p>OTHER PRIVATE S</p> <p align="center">(SPECIFY)</p> <p>OTHER</p> <p>PHARMACY/DRUG STORE T</p> <p>SHOP U</p> <p>OTHER V</p> <p align="center">(SPECIFY)</p>	
327	In the last 6 months, were you visited by a fieldworker?	<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 6 months, have you visited a health facility for care for yourself or your children?</p> <p>b) In the last 6 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: ONE OR MORE BIRTHS SINCE JANUARY 2012 <input type="checkbox"/> NO BIRTHS SINCE JANUARY 2012 <input type="checkbox"/> → 648						
402	CHECK 215. RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH SINCE JANUARY 2012. 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.)						
403	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;"></th> <th style="width:33%;">LAST BIRTH</th> <th style="width:33%;">NEXT-TO-LAST BIRTH</th> </tr> </thead> <tbody> <tr> <td>BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.</td> <td>BIRTH HISTORY NUMBE <input type="text"/> <input type="text"/></td> <td>BIRTH HISTORY NUMBEF <input type="text"/> <input type="text"/></td> </tr> </tbody> </table>		LAST BIRTH	NEXT-TO-LAST BIRTH	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	BIRTH HISTORY NUMBE <input type="text"/> <input type="text"/>	BIRTH HISTORY NUMBEF <input type="text"/> <input type="text"/>
	LAST BIRTH	NEXT-TO-LAST BIRTH					
BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	BIRTH HISTORY NUMBE <input type="text"/> <input type="text"/>	BIRTH HISTORY NUMBEF <input type="text"/> <input type="text"/>					
404	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;"></th> <th style="width:33%;">LAST BIRTH</th> <th style="width:33%;">NEXT-TO-LAST BIRTH</th> </tr> </thead> <tbody> <tr> <td>FROM 212 AND 216:</td> <td>NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> <td>NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> </tr> </tbody> </table>		LAST BIRTH	NEXT-TO-LAST BIRTH	FROM 212 AND 216:	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
	LAST BIRTH	NEXT-TO-LAST BIRTH					
FROM 212 AND 216:	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>					
405	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:33%;">When you got pregnant with (NAME), did you want to get pregnant at that time?</td> <td style="width:33%;">YES 1 (SKIP TO 407A) ←</td> <td style="width:33%;">YES 1 (SKIP TO 407A) ←</td> </tr> <tr> <td></td> <td>NO 2</td> <td>NO 2</td> </tr> </tbody> </table>	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 407A) ←	YES 1 (SKIP TO 407A) ←		NO 2	NO 2
When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 407A) ←	YES 1 (SKIP TO 407A) ←					
	NO 2	NO 2					
406	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:33%;"> CHECK 208: ONLY ONE BIRTH <input type="checkbox"/> MORE THAN ONE BIRTH <input type="checkbox"/> a) Did you want to have a baby later on, or did you not want any children? </td> <td style="width:33%;"> b) Did you want to have a baby later on, or did you not want any more children? </td> <td style="width:33%;"> LATER 1 NO MORE/NONE 2 (SKIP TO 407A) ← </td> <td style="width:33%;"> LATER 1 NO MORE/NONE 2 (SKIP TO 407A) ← </td> </tr> </tbody> </table>	CHECK 208: ONLY ONE BIRTH <input type="checkbox"/> MORE THAN ONE BIRTH <input type="checkbox"/> a) Did you want to have a baby later on, or did you not want any children?	b) Did you want to have a baby later on, or did you not want any more children?	LATER 1 NO MORE/NONE 2 (SKIP TO 407A) ←	LATER 1 NO MORE/NONE 2 (SKIP TO 407A) ←		
CHECK 208: ONLY ONE BIRTH <input type="checkbox"/> MORE THAN ONE BIRTH <input type="checkbox"/> a) Did you want to have a baby later on, or did you not want any children?	b) Did you want to have a baby later on, or did you not want any more children?	LATER 1 NO MORE/NONE 2 (SKIP TO 407A) ←	LATER 1 NO MORE/NONE 2 (SKIP TO 407A) ←				
407	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:33%;">How much longer did you want to wait?</td> <td style="width:33%;"> MONTH 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DONT KNOW 998 </td> <td style="width:33%;"> MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DONT KNOW 998 </td> </tr> </tbody> </table>	How much longer did you want to wait?	MONTH 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DONT KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DONT KNOW 998			
How much longer did you want to wait?	MONTH 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DONT KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DONT KNOW 998					
407A	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:33%;">Do you have a document that certifies his birth? Has (NAME)'s birth been registered?</td> <td style="width:33%;"> YES 1 NO 2 (SKIP TO 407D) ← DONT KNOW 8 </td> <td style="width:33%;"> YES 1 NO 2 (SKIP TO 407D) ← DONT KNOW 8 </td> </tr> </tbody> </table>	Do you have a document that certifies his birth? Has (NAME)'s birth been registered?	YES 1 NO 2 (SKIP TO 407D) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 407D) ← DONT KNOW 8			
Do you have a document that certifies his birth? Has (NAME)'s birth been registered?	YES 1 NO 2 (SKIP TO 407D) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 407D) ← DONT KNOW 8					
407B	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:33%;"> May I see the document? CHECK THE DOCUMENT(S) PRODUCED BY THE RESPONDENT. IF THERE ARE MORE THAN ONE DOCUMENT, CIRCLE THE HIGHEST CODE </td> <td style="width:33%;"> NOT SEEN 1 HOSPITAL RECORD 2 VILLAGE RECORD 3 PROOF OF BIRTH 4 (SKIP TO 408) ← BIRTH CERTIFICATE 5 </td> <td style="width:33%;"> NOT SEEN 1 HOSPITAL RECORD 2 VILLAGE RECORD 3 PROOF OF BIRTH 4 (SKIP TO 408) ← BIRTH CERTIFICATE 5 </td> </tr> </tbody> </table>	May I see the document? CHECK THE DOCUMENT(S) PRODUCED BY THE RESPONDENT. IF THERE ARE MORE THAN ONE DOCUMENT, CIRCLE THE HIGHEST CODE	NOT SEEN 1 HOSPITAL RECORD 2 VILLAGE RECORD 3 PROOF OF BIRTH 4 (SKIP TO 408) ← BIRTH CERTIFICATE 5	NOT SEEN 1 HOSPITAL RECORD 2 VILLAGE RECORD 3 PROOF OF BIRTH 4 (SKIP TO 408) ← BIRTH CERTIFICATE 5			
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407C	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:33%;">How old was (NAME) when you registered his/her birth?</td> <td style="width:33%;"> DAYS 1 <input type="text"/> <input type="text"/> WEEEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> YEARS 4 <input type="text"/> <input type="text"/> DONT KNOW 998 (SKIP TO 408) ← </td> <td style="width:33%;"> DAYS 1 <input type="text"/> <input type="text"/> WEEEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> YEARS 4 <input type="text"/> <input type="text"/> DONT KNOW 998 (SKIP TO 408) ← </td> </tr> </tbody> </table>	How old was (NAME) when you registered his/her birth?	DAYS 1 <input type="text"/> <input type="text"/> WEEEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> YEARS 4 <input type="text"/> <input type="text"/> DONT KNOW 998 (SKIP TO 408) ←	DAYS 1 <input type="text"/> <input type="text"/> WEEEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> YEARS 4 <input type="text"/> <input type="text"/> DONT KNOW 998 (SKIP TO 408) ←			
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NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
407D	Why was (NAME) not registered?	THE COST IS EXPENSIVE	1	THE COST IS EXPENSIVE	1
		THE PLACE IS FAR AWAY	2	THE PLACE IS FAR AWAY	2
		DON'T KNOW TO BE REGISTERED	3	DON'T KNOW TO BE REGISTERED	3
		LATE, DID NOT WANT TO PAY FINE	4	LATE, DID NOT WANT TO PAY FINE	4
		DO NOT KNOW WHERE TO REGISTER	5	DO NOT KNOW WHERE TO REGISTER	5
		OTHER	6	OTHER	6
408	Did you see anyone for antenatal care for this pregnancy?	YES	1		
		NO	2		
		(SKIP TO 414) ←			
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL GENERAL PRACTITIONER	A		
		OBSTETRICIAN	B		
		NURSE	C		
		MIDWIFE	D		
		VILLAGE MIDWIFE	E		
		OTHER PERSON TRADITIONAL BIRTH ATTENDANT	F		
		OTHER _____	X		
		(SPECIFY)			
409A	CHECK 409: CODE 'A', 'B', 'C', 'D' OR 'E' CIRCLED <input type="checkbox"/> CODE 'A', 'B', 'C', 'D', 'E' NOT CIRCLED <input type="checkbox"/> (SKIP TO 413C)				
409B	Were you given an MCH book for this pregnancy? IF YES: May I see it, please?	YES, SEEN	1		
		YES, NOT SEEN	2		
		NO	3		
		DON'T KNOW	8		
410	Where did you receive antenatal care for this pregnancy? Anywhere else? 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 RESPONDENT'S HOME	A		
		OTHER HOME	B		
		COMMUNITY-BASED HEALTH CARE VILLAGE HEALTH POST/ VILLAGE MATERNITY POST	C		
		INTEGRATED HEALTH SERVICE POST	D		
		OTHER _____	E		
		(SPECIFY)			
		PUBLIC SECTOR HOSPITAL	F		
		CLINIC	G		
		PRIMARY HEALTH CENTER	H		
		SUB/MOBILE PRIMARY HEALTH CARE	I		
		VILLAGE MIDWIFE	J		
		OTHER _____	K		
		(SPECIFY)			
		PRIVATE MEDICAL SECTOR HOSPITAL/MOTHER AND CHILD HOSPITAL/ MATERNITY HOSPITAL	L		
		PRIVATE CLINIC/MATERNITY CLINIC	M		
		PRIVATE OBSTETRICIAN AND GYNECOLOGIST	N		
		PRIVATE GENERAL PRACTITIONER	O		
		PRIVATE MIDWIFE	P		
		PRIVATE NURSE	Q		
		OTHER _____	X		
		(SPECIFY)			

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH																																	
		NAME _____	NAME _____																																	
410A	Did your husband/partner accompany you in any antenatal care visits during this pregnancy?	YES 1 NO 2																																		
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTH <input type="text"/> <input type="text"/> DONT KNOW 98																																		
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DONT KNOW 98																																		
412A	CHECK 412: NUMBER OF TIMES RECEIVED ANTENATAL CARE. <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>MORE THAN ONCE</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>ONCE</p> <input type="checkbox"/> </div> </div> <p style="margin-left: 150px;">↓</p> <p style="margin-left: 150px;">→ (SKIP TO 413)</p>																																			
412B	You made (NUMBER IN 409) antenatal care visits during this pregnancy. How many times did you receive antenatal care in: a. The first 3 months? b. Between the fourth and sixth month? c. Between the seventh month and delivery? THE SUM IN a., b., and c. MUST BE THE SAME AS IN 412.	NUMBER OF ANTENATAL VISITS 0 - 3 MONTHS .. <input type="text"/> <input type="text"/> 4 - 6 MONTHS .. <input type="text"/> <input type="text"/> 7 th MONTH TO DELIVERY <input type="text"/> <input type="text"/>																																		
412C	How many months pregnant were you at last antenatal care check up?	MONTH <input type="text"/> <input type="text"/> DONT KNOW 98																																		
413	As part of your antenatal care during this pregnancy, were any of the following done at least once:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>a) Was your weight measured?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>b) Was your height measured?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>c) Was your blood pressure measured?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>d) Was your mid-upper arm circumference measured?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>e) Was your fundus measured?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>f) Was your stomach examined?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>g) Was your baby's heart examined?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>h) Did you give a blood sample?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>i) Did you give a urine sample?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>j) Consultation?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	a) Was your weight measured?	1	2	b) Was your height measured?	1	2	c) Was your blood pressure measured?	1	2	d) Was your mid-upper arm circumference measured?	1	2	e) Was your fundus measured?	1	2	f) Was your stomach examined?	1	2	g) Was your baby's heart examined?	1	2	h) Did you give a blood sample?	1	2	i) Did you give a urine sample?	1	2	j) Consultation?	1	2	
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j) Consultation?	1	2																																		
413A	During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	YES 1 NO 2 (SKIP TO 413C) ← <input type="checkbox"/> DONT KNOW 8																																		
413B	Were you told where to go if you had these complications?	YES 1 NO 2 DONT KNOW 8																																		
413C	Did you have any complications during this pregnancy (NAME)?	YES 1 NO 2 (SKIP TO 413F) ← <input type="checkbox"/>																																		

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH																						
		NAME _____		NAME _____																						
413D	What are the signs of danger or complications? Anything else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	LABOR BEFORE 9 MONTHS ... A VAGINAL BLEEDING B HIGH FEVER C CONVULSIONS AND FAINTING D VOMITTING AND NUMB IN FACE OR HEADACHE WITH CONVULSIONS F WATER BROKE EARLY..... G OTHER _____ X SPECIFY _____																								
413E	What did you do to overcome the complication? Anything else?	NOTHING A REST B TAKE MEDICATIO C TAKE HERBAL DRINK D SEE TBA E SEE MIDWIFE F SEE DOCTOR G GO TO A HEALTH FACILITY . H OTHER X DON'T KNOW Z																								
413F	During your pregnancy with (NAME), did you discuss with anyone about: a) Where you plan to deliver? b) Transportation to the place of delivery? c) Who is going to assist the delivery? d) Payment for the delivery? e) Identifying a possible blood donor? f) Post partum family planning?	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:center;">YES</td> <td style="text-align:center;">NO</td> </tr> <tr> <td>PLACE TO DELIVER</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>TRANSPORTATION</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>DELIVERY ASSISTANT</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>PAYMENT</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>BLOOD DONOR</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>POST PARTUM FF</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> </table>		YES	NO	PLACE TO DELIVER	1	2	TRANSPORTATION	1	2	DELIVERY ASSISTANT	1	2	PAYMENT	1	2	BLOOD DONOR	1	2	POST PARTUM FF	1	2			
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BLOOD DONOR	1	2																								
POST PARTUM FF	1	2																								
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8																								
415	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input style="width:50px;" type="text"/> DON'T KNOW 8																								
416	CHECK 415:	ONCE OR DK <input type="checkbox"/> 2 OR MORE TIMES <input style="width:20px;" type="text"/> (SKIPTO 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 '5'.	TIMES <input style="width:50px;" type="text"/> DON'T KNOW 8																								
419	CHECK 418: ONLY ONE <input type="checkbox"/> MORE THAN ONE <input type="checkbox"/> a) How many years ago did you receive that tetanus injection? b) How many years ago did you receive the last tetanus injection prior to this pregnancy?	YEARS AGO <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/>																								

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH		
		NAME _____			NAME _____		
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 426) ←			
		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.	NUMBER OF DAYS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		DON'T KNOW	998				
426	When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small?	VERY LARGE	1		VERY LARGE	1	
		LARGER THAN AVERAGE	2		LARGER THAN AVERAGE	2	
		AVERAGE	3		AVERAGE	3	
		SMALLER THAN AVERAGE	4		SMALLER THAN AVERAGE	4	
		VERY SMALL	5		VERY SMALL	5	
		DON'T KNOW	8		DON'T KNOW	8	
427	Was (NAME) weighed at birth?	YES	1		YES	1	
		NO	2	(SKIP TO 428A) ←	NO	2	
		DON'T KNOW	8		DON'T KNOW	8	
428	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	GRAM FROM CARD 1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		GRAM FROM RECALL 2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		DON'T KNOW	99998		DON'T KNOW	99998	
428A	At the time of the birth of (NAME), did you have: a) Labor, that is the strong and regular contractions lasting more than one day and one night? b) A lot more vaginal bleeding than normal following childbirth (more than 3 cloths)? c) A high fever and foul smelling vaginal discharge? d) Convulsions with loss of consciousness? e) Water breaks more than six hours before the baby was born? f) No strength to press? g) Anxious/in pain? h) Any other complications? IF YES, SPECIFY.	YES NO DK a) PROLONGED LABOR 1 2 8 b) VAGINAL BLEEDING 1 2 8 c) FEVER/FOUL SMELLING 1 2 8 d) CONVULSIONS e) WATER BREAKS 1 2 8 f) NO STRENGTH 1 2 8 g) ANXIOUS 1 2 8 h) OTHER 1 2 8 SPECIFY _____			YES NO DK a) PROLONGED LABOR 1 2 8 b) VAGINAL BLEEDING 1 2 8 c) FEVER/FOUL SMELLING 1 2 8 d) CONVULSIONS e) WATER BREAKS 1 2 8 f) NO STRENGTH 1 2 8 g) ANXIOUS 1 2 8 h) OTHER 1 2 8 SPECIFY _____		

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
429	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL</p> <p>GENERAL PRACTITIONER A</p> <p>OBSTETRICIAN B</p> <p>NURSE C</p> <p>MIDWIFE D</p> <p>VILLAGE MIDWIFE E</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>RELATIVE/FRIEND G</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED Y</p>	<p>HEALTH PERSONNEL</p> <p>GENERAL PRACTITIONER A</p> <p>OBSTETRICIAN B</p> <p>NURSE C</p> <p>MIDWIFE D</p> <p>VILLAGE MIDWIFE E</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>RELATIVE/FRIEND G</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED Y</p>		
430	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>RESPONDENT'S HOME 11</p> <p>(SKIP TO 434) ←</p> <p>OTHER HOME 12</p> <p>COMMUNITY-BASED HEALTH CARE</p> <p>VILLAGE HEALTH POST</p> <p>VILLAGE MATERNITY POST 21</p> <p>INTEGRATED HEALTH SERVICE POST 22</p> <p>OTHER _____ 23</p> <p>(SPECIFY)</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL 31</p> <p>CLINIC 32</p> <p>PRIMARY HEALTH CENTER 33</p> <p>SUB/MOBILE PRIMARY HEALTH CARE 34</p> <p>VILLAGE MIDWIFE 35</p> <p>OTHER _____ 36</p> <p>SPECIFY</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ MATERNITY HOSPITAL ... 41</p> <p>PRIVATE CLINIC MATERNITY CLINIC ... 42</p> <p>PRIVATE OBSTETRICIAN AND GYNECOLOGIST ... 43</p> <p>PRIVATE GENERAL PRACTITIONER 44</p> <p>PRIVATE MIDWIFE 45</p> <p>PRIVATE NURSE 46</p> <p>OTHER _____ 47</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>SPECIFY (SKIP TO 434) ←</p>	<p>HOME</p> <p>RESPONDENT'S HOME 11</p> <p>(SKIP TO 434) ←</p> <p>OTHER HOME 12</p> <p>COMMUNITY-BASED HEALTH CARE</p> <p>VILLAGE HEALTH POST</p> <p>VILLAGE MATERNITY POST 21</p> <p>INTEGRATED HEALTH SERVICE POST 22</p> <p>OTHER _____ 23</p> <p>(SPECIFY)</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL 31</p> <p>CLINIC 32</p> <p>PRIMARY HEALTH CENTER 33</p> <p>SUB/MOBILE PRIMARY HEALTH CARE 34</p> <p>VILLAGE MIDWIFE 35</p> <p>OTHER _____ 36</p> <p>SPECIFY</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ MATERNITY HOSPITAL ... 41</p> <p>PRIVATE CLINIC MATERNITY CLINIC ... 42</p> <p>PRIVATE OBSTETRICIAN AND GYNECOLOGIST ... 43</p> <p>PRIVATE GENERAL PRACTITIONER 44</p> <p>PRIVATE MIDWIFE 45</p> <p>PRIVATE NURSE 46</p> <p>OTHER _____ 47</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>SPECIFY (SKIP TO 434) ←</p>		
431	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>			
431A	<p>Was your husband/partner with you when you delivered (NAME)?</p>	<p>YES 1</p> <p>NO 2</p>			
432	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 434) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 434) ←</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
433	Was the decision to have the caesarean section made prior to the operation?	YES	1	YES	1
		NO	2	NO	2
434	Immediately after the birth, was (NAME) put on your chest?	YES	1	YES	1
		NO	2	NO	2
		(SKIP TO 434B) ←		(SKIP TO 459) ←	
		DON'T KNOW	8	DON'T KNOW	8
434A	Was (NAME)'s bare skin touching your bare skin?	YES	1	YES	1
		NO	2	NO	2
		DON'T KNOW	8	DON'T KNOW	8
434B	When was the baby first bathed?	< 1 HOUR AFTER BIRTH	1	< 1 HOUR AFTER BIRTH	1
		1-6 HOURS AFTER BIRTH	2	1-6 HOURS AFTER BIRTH	2
		> 6 HOURS AFTER BIRTH	3	> 6 HOURS AFTER BIRTH	3
		DON'T KNOW	8	DON'T KNOW	8
434C	CHECK 430: PLACE OF DELIVERY				
	OTHER THAN CODE 11, '12', OR '96' CIRCLED	CODE 11, '12', OR '96' CIRCLED (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?	HOURS	1		
	IF LESS THAN ONE DAY, RECORD HOURS;	DAY	2		
		DON'T KNOW	998		
437	Who checked on your health at that time?	HEALTH PERSONNEL			
		OBSTETRICIAN			
		GENERAL PRACTITIONER ...			
		MIDWIFE/			
		VILLAGE MIDWIFE			
		NURSE			
		OTHER PERSON			
		TRADITIONAL BIRTH			
		ATTENDANT			
		OTHER _____			
		(SPECIFY) 96			
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		
439	How long after delivery was (NAME)'s health first checked?	HOURS	1		
	IF LESS THAN ONE DAY, RECORD HOURS;	DAY	2		
	IF LESS THAN ONE WEEK, RECORD DAYS.	DON'T KNOW	998		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH						
		NAME _____	NAME _____						
440	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL PEDIATRICIAN 11 OBSTETRICIAN 12 GENERAL PRACTITIONER ... 13 MIDWIFE/ VILLAGE MIDWIFE 14 NURSE 15 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER _____ 96 (SPECIFY)							
441	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?	YES 1 NO 2 (SKIP TO 445) ←							
442	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DAY 2 <table border="1" style="display: inline-table; vertical-align: middle;"><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></table> DON'T KNOW 998							
443	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL OBSTETRICIAN 11 GENERAL PRACTITIONER 12 MIDWIFE/ VILLAGE MIDWIFE 13 NURSE 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER _____ 96 (SPECIFY)							

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH							
		NAME _____		NAME _____							
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>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>RESPONDENT'S HOME . . . 11</p> <p>OTHER HOME 12</p> <p>COMMUNITY-BASED HEALTH CARE</p> <p>VILLAGE HEALTH POST/ VILLAGE MATERNITY POST 21</p> <p>INTEGRATED HEALTH SERVICE POST 22</p> <p>OTHER _____ 23</p> <p>(SPECIFY)</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL 31</p> <p>CLINIC 32</p> <p>PRIMARY HEALTH CARE . . . 33</p> <p>SUB/MOBILE PRIMARY HEALTH CARE 34</p> <p>VILLAGE MIDWIFE 35</p> <p>OTHER _____ 36</p> <p>SPECIFY _____</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/MOTHER AND CHILDREN HOSPITAL/ MATERNITY HOSPITAL 41</p> <p>PRIVATE CLINIC/BIRTH CENTER CLINIC 42</p> <p>PRIVATE OBSTETRICIAN 43</p> <p>PRIVATE GENERAL PRACTITIONER 44</p> <p>PRIVATE MIDWIFE 45</p> <p>PRIVATE NURSE 46</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>									
445	<p>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)?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 457) ←</p> <p>DON'T KNOW 8</p>									
446	<p>How many hours, days or weeks after the birth of (NAME) 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</p> <p>DAY 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>								
447	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>PEDIATRICIAN 11</p> <p>GENERAL PRACTITIONER 12</p> <p>OBSTETRICIAN 13</p> <p>MIDWIFE / VILLAGE MIDWIFE 14</p> <p>NURSE 15</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>									

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH							
		NAME _____		NAME _____							
448	<p>Where did this 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>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>RESPONDENT'S HOME . . . 11</p> <p>OTHER HOME 12</p> <p>COMMUNITY-BASED HEALTH CARE</p> <p>VILLAGE HEALTH POST/ VILLAGE MATERNITY POST 21</p> <p>INTEGRATED HEALTH SERVICE POST 22</p> <p>OTHER _____ 23</p> <p>(SPECIFY)</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL 31</p> <p>CLINIC 32</p> <p>PRIMARY HEALTH CARE . . . 33</p> <p>SUB/MOBILE PRIMARY HEALTH CARE 34</p> <p>VILLAGE MIDWIFE 35</p> <p>OTHER _____ 36</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/MOTHER AND CHILDREN HOSPITAL/ MATERNITY HOSPITAL 41</p> <p>PRIVATE CLINIC/BIRTH CENTER CLINIC 42</p> <p>PRIVATE PEDIATRICIAN 43</p> <p>PRIVATE OBSTETRICIAN AND GYNECOLOGIST 44</p> <p>PRIVATE GENERAL PRACTITIONER 45</p> <p>PRIVATE MIDWIFE 46</p> <p>PRIVATE NURSE 47</p> <p>OTHER _____ 48</p> <p>(SPECIFY) ←</p> <p>(SKIP TO 457)</p>									
449	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 453) ←</p>									
450	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAY 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>								
451	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>OBSTETRICIAN 11</p> <p>GENERAL PRACTITIONER .. 12</p> <p>MIDWIFE / VILLAGE MIDWIFE 13</p> <p>NURSE 14</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>									

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
452	<p>Where did this first 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>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>RESPONDENT'S HOME . . . 11</p> <p>OTHER HOME 12</p> <p>COMMUNITY-BASED HEALTH CARE</p> <p>VILLAGE HEALTH POST/ VILLAGE MATERNITY POST 21</p> <p>INTEGRATED HEALTH SERVICE POST 22</p> <p>OTHER _____ 23</p> <p>(SPECIFY)</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL 31</p> <p>CLINIC 32</p> <p>PRIMARY HEALTH CARE . . . 33</p> <p>SUB/MOBILE PRIMARY HEALTH CARE 34</p> <p>VILLAGE MIDWIFE 35</p> <p>OTHER _____ 36</p> <p>SPECIFY</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/MOTHER AND CHILDREN HOSPITAL/ MATERNITY HOSPITAL 41</p> <p>PRIVATE CLINIC/BIRTH CENTER CLINIC 42</p> <p>PRIVATE OBSTETRICIAN AND GYNECOLOGIST . . . 43</p> <p>PRIVATE GENERAL PRACTITIONER 44</p> <p>PRIVATE MIDWIFE 45</p> <p>PRIVATE NURSE 46</p> <p>OTHER _____ 47</p> <p>(SPECIFY)</p>	
453	<p>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?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 457) ←</p> <p>DON'T KNOW 8</p>	
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 1</p> <p>DAY 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	
455	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>PEDIATRICIAN 11</p> <p>OBSTETRICIAN 12</p> <p>GENERAL PRACTITIONER 13</p> <p>MIDWIFE / VILLAGE MIDWIFE 14</p> <p>NURSE 15</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH																								
		NAME _____	NAME _____																								
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 RESPONDENT'S HOME ... 11 OTHER HOME 12</p> <p>COMMUNITY-BASED HEALTH CARE VILLAGE HEALTH POST/ VILLAGE MATERNITY POST 21 INTEGRATED HEALTH SERVIC 22 OTHER _____ 23 (SPECIFY)</p> <p>PUBLIC SECTOR HOSPITAL 31 CLINIC 32 PRIMARY HEALTH CARE ... 33 SUB/MOBILE PRIMARY HEALTH CARE 34 VILLAGE MIDWIFE 35 OTHER _____ 36 (SPECIFY)</p> <p>PRIVATE SECTOR PRIVATE HOSPITAL/MOTHER AND CHILDREN HOSPITAL/ MATERNITY HOSPITAL ... 41 PRIVATE CLINIC/BIRTH CENTER CLINIC 42 PRIVATE PEDIATRICIAN ... 43 PRIVATE OBSTETRICIAN AND GYNECOLOGIST 44 PRIVATE GEN. PRACTITIONER 45 PRIVATE MIDWIFE 46 PRIVATE NURSE 47 OTHER _____ 48 (SPECIFY)</p>																									
457	<p>During the first two days after (NAME)'s birth, did any health care provider do the</p> <p>a) Examine the cord? b) Measure (NAME)'s temperature? c) Counsel you on danger signs for newborns? d) Counsel you on breastfeeding? e) Observe breastfeeding?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <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- FEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e OBSERVE BREAST- FEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a CORD	1	2	8	b TEMP.	1	2	8	c SIGNS	1	2	8	d COUNSEL BREAST- FEEDING	1	2	8	e OBSERVE BREAST- FEEDING	1	2	8	
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e OBSERVE BREAST- FEEDING	1	2	8																								
457A	<p>What did you do to care for the cord?</p>	<p>LEFT OPEN UNTIL DRY AND CLEAN 1 APPLIED SOMETHING 2 DON'T KNOW 8</p>																									
457B	<p>CHECK 457A:</p>	<p>CODE '2' <input type="checkbox"/> CODE '1' OR '8' <input type="checkbox"/> CIRCLED (SKIP TO 457D)</p>																									
457C	<p>What was applied to the cord after it was cut and tied?</p>	<p>ALCOHOL A BETADINE B ASH C HERBS D OTHER _____ X SPECIFY DON'T KNOW Z</p>																									

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
457D	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		
		DON'T KNOW	8		
457E	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW RED CAPSULE.	YES	1		
		NO	2		
		DON'T KNOW	8		
458	Has your menstrual period returned since the birth of (NAME)?	YES	1		
		(SKIP TO 460) ←			
		NO	2		
		(SKIP TO 461) ←			
459	Did your period return between the birth of (NAME) and your next pregnancy?			YES	1
				NO	2
				(SKIP TO 463) ←	
460	For how many months after the birth of (NAME) did you not have a period?	MONTH	<input type="text"/> <input type="text"/>	MONTHS	<input type="text"/> <input type="text"/>
		DON'T KNOW	98	DON'T KNOW	98
461	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/>		PREGNANT OR UNSURE <input type="checkbox"/>	
		(SKIP TO 463) ←		(SKIP TO 463) ←	
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?	MONTH	<input type="text"/> <input type="text"/>	MONTHS	<input type="text"/> <input type="text"/>
		DON'T KNOW	98	DON'T KNOW	98
464	Did you ever breastfeed (NAME)?	YES	1	YES	1
		NO	2	NO	2
		(SKIP TO 466) ←		(SKIP TO 466) ←	
464A	How long did you breastfeed (NAME)?	MONTH	<input type="text"/> <input type="text"/>	MONTHS	<input type="text"/> <input type="text"/>
		(SKIP TO 466) ←		(SKIP TO 466) ←	
		DON'T KNOW	98	DON'T KNOW	98
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.	IMMEDIATELY	000		
		HOURS	1 <input type="text"/> <input type="text"/>		
		DAYS	2 <input type="text"/> <input type="text"/>		
467	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES	1		
		NO	2		
		(SKIP TO 468) ←			

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
467A	What was (NAME) given to drink? Anything else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPE WATER D SUGAR-SALT SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA H HONEY I RICE WATER J OTHER _____ X (SPECIFY)			
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 2014-2017? ONE OR MORE BIRTHS IN 2014-2017 <input type="checkbox"/>	NO BIRTHS IN 2014-2017 <input type="checkbox"/> → 601	
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2014-2017. NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503A	CHECK 216: LIVING <input type="checkbox"/>	DEAD <input type="checkbox"/> → 501B	
504A	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY IMMUNIZATION CARD 1 → 507A YES, HAS ONLY MOTHER AND CHILD CARD .. 2 → 507A YES, HAS OTHER DOCUMENT 3 YES, HAS IMMUNIZATION, MOTHER AND CHILD, AND OTHER DOCUMENT 4 → 507A NO, NO CARD AND NO OTHER DOCUMENT .. 5	
505A	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506A	CHECK 504A: CODE '3' CIRCLED <input type="checkbox"/>	CODE '5' CIRCLED <input type="checkbox"/> → 511A	
507A	May I see the immunization card, mother and child card, or the other document where (NAME)'s vaccinations are written down?	YES, ONLY IMMUNIZATION CARD SEEN 1 YES, ONLY MOTHER AND CHILD CARD SEEN .. 2 YES, ONLY OTHER DOCUMENT SEEN 3 YES, IMMUNIZATION CARD, MOTHER AND CHILD AND OTHER DOCUMENT SEEN 4 NO CARD AND NO OTHER DOCUMENT SEEN .. 5 → 511A	

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"/>	
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	→ 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 DPT vaccination, that is, an injection to prevent diphtheria, pertussis and tetanus, given in the thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	→ 518A
517AA	How many times did (NAME) receive the DPT vaccine?	NUMBER OF TIMES <input type="text"/>	
518A	Has (NAME) ever received a hepatitis B vaccination, that is, an injection on the outside of the thigh to prevent Hepatitis B?	YES 1 NO 2 DON'T KNOW 8	→ 523A
518AA	How many times did (NAME) receive the hepatitis B vaccine?	NUMBER OF TIMES <input type="text"/>	
523A	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 501B
524A	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>	
	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 2014-2017? MORE BIRTHS IN 2014-2017 <input type="checkbox"/> NO MORE BIRTHS IN 2014-2017 <input type="checkbox"/>	→ 601	
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2014-2017. 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 other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY IMMUNIZATION CARD 1 YES, HAS ONLY MOTHER AND CHILD CARD .. 2 YES, HAS OTHER DOCUMENT 3 YES, HAS IMMUNIZATION, MOTHER AND CHILD, AND OTHER DOCUMENT 4 NO, NO CARD AND NO OTHER DOCUMENT .. 5	→ 507B → 507B → 507B
505B	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506B	CHECK 504B: CODE '3' CIRCLED <input type="checkbox"/> CODE '5' CIRCLED <input type="checkbox"/>	→ 511B	
507B	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY IMMUNIZATION CARD SEEN 1 YES, ONLY MOTHER AND CHILD CARD SEEN .. 2 YES, ONLY OTHER DOCUMENT SEEN 3 YES, IMMUNIZATION CARD, MOTHER AND CHILD AND OTHER DOCUMENT SEEN 4 NO CARD AND NO OTHER DOCUMENT SEEN .. 5	→ 511B

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
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	→ 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 DPT vaccination, that is, an injection to prevent diphtheria, pertussis and tetanus, given in the thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	→ 519B
517BB	How many times did (NAME) receive the DPT vaccine?	NUMBER OF TIMES <input type="text"/>	
518B	Has (NAME) ever received a Hepatitis B vaccination, that is, an injection on the outside of the thigh to prevent Hepatitis B?	YES 1 NO 2 DON'T KNOW 8	→ 521B
518BB	How many times did (NAME) receive the Hepatitis vaccine?	NUMBER OF TIMES <input type="text"/>	
523B	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	
524B	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>	
526B	CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2014-2017? MORE BIRTHS IN 2014-2017 <input type="checkbox"/> (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE) ←	NO MORE BIRTHS IN 2014-2017 <input type="checkbox"/> →	601

SECTION 6. CHILD HEALTH AND NUTRITION

601	CHECK 224: ONE OR MORE BIRTHS SINCE JANUARY 2012 <input type="checkbox"/>	NO BIRTHS SINCE JANUARY 2012 <input type="checkbox"/>	→ 648
602	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH SINCE JANUARY 2013. 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"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/>
604	FROM 212 AND 216:	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 646) ←	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 646) ←
605	In the last six months, was (NAME) given a vitamin A dose like this/any of these? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES, RED 1 YES, BLUE 2 NO 3 DON'T KNOW 8	YES, RED 1 YES, BLUE 2 NO 3 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 DON'T KNOW 8 (SKIP TO 618) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 618) ←
608A	CHECK 469: CURRENTLY BREASTFEEDING?	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 608D) ←	608
608B	During the diarrhea, did you change how much was (NAME) given breastmilk?	YES 1 NO 2 (SKIP TO 608D) ←	
608C	Was he/she given less than usual to drink, more than usual to drink or stopped breastfeeding?	LESS 1 MORE 2 STOPPED 3	
608D	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
609	<p>CHECK 469: CURRENTLY BREASTFEEDING?</p> <p>YES <input type="checkbox"/> NO/ NOT ASKED <input type="checkbox"/></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</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>_____ (NAME OF PLACE(S))</p>	<p>COMMUNITY-BASED HEALTH CARE</p> <p>VILLAGE HEALTH POST/ VILLAGE MATERNITY POST A</p> <p>INTEGRATED HEALTH SERVICE POST B</p> <p>OTHER C</p> <p>_____ (SPECIFY)</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL D</p> <p>CLINIC E</p> <p>PRIMARY HEALTH CARE F</p> <p>SUB/MOBILE PRIMARY HEALTH CARE G</p> <p>VILLAGE MIDWIFE H</p> <p>OTHER I</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/MOTHER AND CHILD HOSPITAL/ MATERNITY HOSPITAL J</p> <p>PRIVATE CLINIC/BIRTH CENTER CLINIC K</p> <p>PEDIATRICIAN L</p> <p>GENERAL PRACTITIONER M</p> <p>PRIVATE MIDWIFE N</p> <p>PRIVATE O</p> <p>PHARMACY/DRUG STORE P</p> <p>OTHER Q</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>TRADITIONAL BIRTH ATTENDANT R</p> <p>SHOP S</p> <p>OTHER X</p> <p>_____ (SPECIFY)</p>	<p>COMMUNITY-BASED HEALTH CARE</p> <p>VILLAGE HEALTH POST/ VILLAGE MATERNITY POST A</p> <p>INTEGRATED HEALTH SERVICE POST B</p> <p>OTHER C</p> <p>_____ (SPECIFY)</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL D</p> <p>CLINIC E</p> <p>PRIMARY HEALTH CARE F</p> <p>SUB/MOBILE PRIMAF HEALTH CARE G</p> <p>VILLAGE MIDWIFI H</p> <p>OTHER I</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/MOTHER AND CHILD HOSPITAL/ MATERNITY HOSPIT..... J</p> <p>PRIVATE CLINIC/BIRTH CENTER CLINIC K</p> <p>PEDIATRICIA L</p> <p>GENERAL PRACTITIONE M</p> <p>PRIVATE MIE N</p> <p>PRIVATE O</p> <p>PHARMACY/DRUG STOI P</p> <p>OTHER Q</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>TRADITIONAL BIRTH ATTENDANT R</p> <p>SHOP S</p> <p>OTHER X</p> <p>_____ (SPECIFY)</p>
613	CHECK 612:	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 615) ←</p>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 615) ←</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH		
		NAME _____			NAME _____		
614	Where did you first seek advice or treatment? USE LETTER CODE FROM 612.	FIRST PLACE	<input type="checkbox"/>	FIRST PLACE	<input type="checkbox"/>		
615	Was (NAME) given any of the following at any time since (NAME) started having the diarrhea: a) ORALIT? b) A government-recommended home-made fluid (sugar and salt solution)? d) Zinc tablets or syrup?		YES NO DK		YES NO DK		
		a) ORALIT	1 2 8	a) ORALIT	1 2 8		
		b) HOMEMADE FLUID	1 2 8	b) HOMEMADE FLUID	1 2 8		
		d) ZINC	1 2 8	d) ZINC	1 2 8		
616	CHECK 615: ANY 'YES' <input type="checkbox"/> ↓ a) Was anything else given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	ALL 'NO' OR 'DK' <input type="checkbox"/> ↓ b) Was anything given to treat the diarrhea? Anything else?	YES 1 NO 2 DON'T KNOW 8	(SKIP TO 618) ←	YES 1 NO 2 DON'T KNOW 8	(SKIP TO 618) ←	
617	CHECK 615: ANY 'YES' <input type="checkbox"/> ↓ a) What else was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	ALL 'NO' OR 'DK' <input type="checkbox"/> ↓ b) What was given to treat the diarrhea? Anything else?	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C UNKNOWN PILL OR SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION G (IV) INTRAVENOUS H HOME REMEDY/ HERBAL MEDICINE I OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C UNKNOWN PILL OR SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION G (IV) INTRAVENOUS H HOME REMEDY/ HERBAL MEDICINE I OTHER _____ X (SPECIFY)			
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8			
620	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	(SKIP TO 623) ←	YES 1 NO 2 DON'T KNOW 8	(SKIP TO 623) ←		
621	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	(SKIP TO 623) ←	YES 1 NO 2 DON'T KNOW 8	(SKIP TO 623) ←		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		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 and 620: HAD FEVER/CAUGH?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 646) ←		YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 646) ←	
623A	Now I would like to know how much (NAME) was given to drink during the FEVER/CAUGH (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink (CODE 1) or somewhat less (CODE 2)?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8		MUCH LESS 1 SOMEWHAT LE! 2 ABOUT THE SAI 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	
623B	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat (CODE 1) or somewhat less (CODE 2)?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8		MUCH LESS 1 SOMEWHAT LE! 2 ABOUT THE SAI 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	
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) ←	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
625	<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>COMMUNITY-BASED HEALTH CARE</p> <p>VILLAGE HEALTH POST/ VILLAGE MATERNITY POST A</p> <p>INTEGRATED HEALTH</p> <p>SERVICE POST B</p> <p>OTHER C</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL D</p> <p>CLINIC E</p> <p>PRIMARY HEALTH CARE F</p> <p>SUB/MOBILE PRIMARY HEALTH CARE G</p> <p>VILLAGE MIDWIFE H</p> <p>OTHER I</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/MOTHER AND CHILD HOSPITAL/ MATERNITY HOSPITAL J</p> <p>PRIVATE CLINIC/BIRTH CENTER CLINIC K</p> <p>PEDIATRICIAN L</p> <p>GENERAL PRACTITIONER M</p> <p>PRIVATE MIDWIFE N</p> <p>PRIVATE O</p> <p>PHARMACY/DRUG STORE P</p> <p>OTHER Q</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>TRADITIONAL</p> <p>BIRTH ATTENDANT R</p> <p>SHOP S</p> <p>OTHER X</p> <p>_____</p> <p align="center">(SPECIFY)</p>	<p>COMMUNITY-BASED HEALTH CARE</p> <p>VILLAGE HEALTH POST/ VILLAGE MATERNITY POST A</p> <p>INTEGRATED HEALTH</p> <p>SERVICE POST B</p> <p>OTHER C</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL D</p> <p>CLINIC E</p> <p>PRIMARY HEALTH CARE F</p> <p>SUB/MOBILE PRIMAF HEALTH CARE G</p> <p>VILLAGE MIDWIFI H</p> <p>OTHER I</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/MOTHER AND CHILD HOSPITAL/ MATERNITY HOSPIT. J</p> <p>PRIVATE CLINIC/BIRTH CENTER CLINIC K</p> <p>PEDIATRICIA L</p> <p>GENERAL PRACTITIONER M</p> <p>PRIVATE MIE N</p> <p>PRIVATE O</p> <p>PHARMACY/DRUG STOI P</p> <p>OTHER Q</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>TRADITIONAL</p> <p>BIRTH ATTENDAI R</p> <p>SHOP S</p> <p>OTHER X</p> <p>_____</p> <p align="center">(SPECIFY)</p>		
626	CHECK 625:	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 628) ←</p>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 628) ←</p>		
627	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 625.</p>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>		
628	<p>How many days after the illness began did you first seek advice or treatment for (NAME)?</p> <p>IF THE SAME DAY RECORD „00“.</p>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
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 SP/FANSIDAR A CHLOROQUINE B AMODIAQUINE C QUININE D ARTEMISININ COMBINATION THERAPY (ACT) E OTHER ANTIMALARIAL F _____ (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP G INJECTION/IV H OTHER DRUGS ASPIRIN I PARACETAMOL ACETAMINOPHEN J IBUPROFEN K COUGH MEDICINE COUGH SYRUP L AMBROXOL M OTHER _____ X (SPECIFY) DON'T KNOW Z		ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE B AMODIAQUINE C QUININE D ARTEMISININ COMBINATION THERAPY (ACT) E OTHER ANTIMALARIAL F _____ (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP G INJECTION/IV H OTHER DRUGS ASPIRIN I PARACETAMOL ACETAMINOPHEN J IBUPROFEN K COUGH MEDICINE COUGH SYR L AMBROXOL M OTHER _____ X (SPECIFY) DON'T KNOW Z	
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	CHECK 615(a) ALL COLUMNS: NO CHILD RECEIVED ORALIT <input type="checkbox"/>	ANY CHILD RECEIVED ORALIT <input type="checkbox"/> → 648A	
648	Have you ever heard of a special product called ORALIT you can get for the treatment of diarrhea?	YES 1 NO 2	
648A	CHECK 218: LIVING WITH THE RESPONDENT HAS ONE OR MORE CHILDREN LIVING WITH THE RESPONDENT <input type="checkbox"/>	NO CHILD LIVING WITH THE RESPONDENT <input type="checkbox"/> → 701	
648B	When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment? IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether or not the child should be taken for medical	YES 1 NO 2 DEPENDS 3	
648C	Who makes the final decision on whether or not the child should be taken for medical treatment?	RESPONDENT 01 HUSBAND 02 RESPONDENT & HUSBAND JOINTLY 03 HUSBAND & SOMEONE ELSE JOINTLY 04 RESPONDENT & SOMEONE ELSE JOINTLY 05 OTHER 6	
649	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2013-2015 LIVING WITH THE RESPONDENT HAS AT LEAST ONE CHILD SINCE JANUARY 2015 LIVING WITH RESPONDENT <input type="checkbox"/> _____ (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓	NO CHILD SINCE JANUARY 2015 LIVING WITH RESPONDENT <input type="checkbox"/> → 701	

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) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.						
		<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> </table>		YES	NO	DK	
	YES	NO	DK				
	a) Plain water?	a) 1 2 8					
	b) Fruit juice or juice drinks?	b) 1 2 8					
	c) Clear broth?	c) 1 2 8					
	d) Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	d) 1 2 8 NUMBER OF TIMES DRANK <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					
	g) Yogurt? (excluding Yakult, Vitacarm and others) IF YES: How many times did (NAME) drink yogurt? IF 7 OR MORE TIMES, RECORD '7'.	g) 1 2 8 NUMBER OF TIMES DRINK YOGURT <input type="text"/>					
	h) Any baby food such as Sun, Milna or Cerelac?	h) 1 2 8					
	i) Cooked rice, bread, noodles, porridge, or other foods made from grains like corn, rice, sorghum, sago, etc.?	i) 1 2 8					
	j) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	j) 1 2 8					
	k) White potatoes, white yams, cassava, or any other foods made from roots?	k) 1 2 8					
	l) Any dark green, leafy vegetables (spinach, kangkung, katuk, cassava leaf, or squash leaf)?	l) 1 2 8					
	m) Fruits rich in vitamin A such as ripe mango, papaya, jackfruit, cempedak, persimmon, yellow	m) 1 2 8					
	n) Any other fruits or vegetables, such as apple, avocado, peas, eggplant, squash?	n) 1 2 8					
	o) Liver, kidney, heart, or other organ meats?	o) 1 2 8					
	p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	p) 1 2 8					
	q) Eggs?	q) 1 2 8					
	r) Fresh or dried fish or shellfish?	r) 1 2 8					
	s) Any foods made from beans, peas, lentils or nuts, such as mung beans, red beans, soy beans, peanuts, tofu or tempeh??	s) 1 2 8					
	t) Cheese or other food made from milk?	t) 1 2 8					
	u) Solids, semi-solid, or soft food including cakes like banana fritters, bowsprit, pancong, corn fritters, risoles or candy?	u) 1 2 8					
651	CHECK 650 (CATEGORIES 'g' THROUGH 'u'): NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/>	→ 653					

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
652	Did (NAME FROM 649) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF „YES“ PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES 1 (GO BACK TO 650 TO RECORD FOOD EATEN YESTERDAY) (THEN GO TO 653) NO 2	→ 654
653	How many times did (NAME FROM 649) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD „7“.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	
654	The last time (NAME FROM 649) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY)	

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	→ 711C
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. <input type="text"/> <input type="text"/>	
709	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→ 710
709A	What was the main reason you have been married/living together more than once?	HUSBAND/PARTNER DEAD 01 UNFAITHFUL 02 DOMESTIC VIOLENCE 03 HUSBAND UNABLE TO FULFILL MATERIAL NEEDS 04 HUSBAND/PARTNER UNABLE TO FULFILL BIOLOGICAL NEEDS 05 FREQUENT QUARRELS 06 LONG SEPARATION 07 NO CHILDREN 08 OTHER 96 (SPECIFY) _____	
710	CHECK 709: MARRIED/ LIVED WITH A MAN <input type="checkbox"/> ONLY ONCE ↓ a) In what month and year did you start living with your (husband/partner)? MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> ↓ b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 711A
711	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
711A	Did you receive tetanus toxoid (TT) injection?	YES 1 NO 2 DON'T KNOW YEAR 8	→ 711C

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711B	a) How many TT injections did you receive before you got married? a. How many TT injections have you received after you get married/started living together? NEVER HAD TT INJECTION, RECORD '0' IF 5 OR MORE TIMES, RECORD '5' IF DON'T KNOW RECORD '8'	a) NUMBER OF INJECTIONS BEFORE MARRIED <input type="text"/> b) NUMBER OF INJECTIONS AFTER MARRIED <input type="text"/>	
711C	DETERMINE MONTHS MARRIED LIVING TOGETHER SINCE JANUARY 2012. ENTER "X" IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED OR "B" FOR EACH MONTH LIVING TOGETHER, AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE JANUARY 2012. K FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS. FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.		
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 <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 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 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	
714A	Can you say 'no' to your husband/partner if you don't want to have sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
714B	Can you ask your husband/partner to use condom?	YES 1 NO 2 DON'T KNOW 8	
714C	Do you know the signs of danger during pregnancy?	YES 1 NO 2	→ 714F
714D	What kind of health problems can a woman have when she is pregnant? Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	PROLONGED LABOR A VAGINAL BLEEDING B FEVER C CONVULSIONS D BABY IN WRONG POSITION E SWOLLEN LIMBS F FAINT G BREATHLESSNESS H TIREDNESS I OTHER X	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
714E	What should she do if she experienced this problem? Any other way? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	NOTHING A REST B TAKE MEDICATION C TAKE HERBS D SEE TBA E SEE MIDWIFE F SEE DOCTOR G GO TO A HEALTH FACILITY H OTHER X DON'T KNOW Z													
714F	Can you tell me what kind of problems can happen to a woman during labor and delivery? Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	WATER BREAKS TOO EARLY A EXCESSIVE BLEEDING DURING AND AFTER DELIVERY B FEVER C LONG LABOR D FAINT E CONVULSIONS F PLACENTA DOES NOT COME OUT G STILLBIRTH H OTHER X DON'T KNOW Z	→ 714H												
714G	What action should be taken to the woman? Any other way? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	NOTHING A REST B TAKE MEDICATION C TAKE HERBS D SEE TBA E SEE MIDWIFE F SEE DOCTOR G GO TO A HEALTH FACILITY H OTHER X DON'T KNOW Z													
714H	Can you tell me what kind of problems can happen to a woman during postpartum period? Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	EXCESSIVE BLEEDING DURING AND AFTER DELIVERY A FAINT B CONVULSIONS C HIGH FEVER D FOUL SMELLING VAGINAL DISCHARGE E PAIN IN BREASTS F DEPRESSED G OTHER X DON'T KNOW Z	→ 731												
714I	What action should be taken to the woman? Any other way? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	NOTHING A REST B TAKE MEDICATION C TAKE HERBS D SEE TBA E SEE MIDWIFE F SEE DOCTOR G GO TO A HEALTH FACILITY H OTHER X DON'T KNOW Z													
731	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN < 10 YEARS</td> <td>1</td> <td>2</td> </tr> <tr> <td>ADULT MALE</td> <td>1</td> <td>2</td> </tr> <tr> <td>ADULT FEMALE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CHILDREN < 10 YEARS	1	2	ADULT MALE	1	2	ADULT FEMALE	1	2	
	YES	NO													
CHILDREN < 10 YEARS	1	2													
ADULT MALE	1	2													
ADULT FEMALE	1	2													

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
801	CHECK 304: NOT ASKED OR NEITHER STERILIZED <input type="checkbox"/>	HE OR SHE STERILIZED <input type="checkbox"/>	813								
802	CHECK 226: PREGNANT <input type="checkbox"/>	NOT PREGNANT OR UNSURE <input type="checkbox"/>	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 OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> a) How long would you like to wait from now before the birth of (a/another) child? 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER _____ (SPECIFY) 996 DON'T KNOW 998									811 813 811
806	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	812								
807	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/>	CURRENTLY USING <input type="checkbox"/>	813								
808	CHECK 805: '24' OR MORE MONTHS OR '02' OR MORE YEARS <input type="checkbox"/> NOT ASKED <input type="checkbox"/>	'00-23' MONTHS OR '00-01' YEAR <input type="checkbox"/>	812								
809	CHECK 714: DAYS, WEEKS OR MONTHS AGO <input type="checkbox"/>	YEARS AGO <input type="checkbox"/> NOT ASKED <input type="checkbox"/>	811 811								

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
815	In the last six 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) Read about family planning in a poster or a pamphlet? e) Read about family planning in a billboard, banner, pennant or mural ? f) Read about family planning on the Internet?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) RADIO</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) TELEVISION</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) POSTER OR PAMPHLET</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) BILLBOARD, BANNER, PENNANT OR MURAL</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) INTERNET</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) NEWSPAPER OR MAGAZINE	1	2	d) POSTER OR PAMPHLET	1	2	e) BILLBOARD, BANNER, PENNANT OR MURAL	1	2	d) INTERNET	1	2							
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a) RADIO	1	2																												
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e) BILLBOARD, BANNER, PENNANT OR MURAL	1	2																												
d) INTERNET	1	2																												
816A	In the last six months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table>	YES	1	NO	2	→816C																							
YES	1																													
NO	2																													
816B	With whom? Anyone else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	<table border="0"> <tr> <td>HUSBAND/PARTNER</td> <td align="right">A</td> </tr> <tr> <td>MOTHER</td> <td align="right">B</td> </tr> <tr> <td>FATHER</td> <td align="right">C</td> </tr> <tr> <td>SISTER(S)</td> <td align="right">D</td> </tr> <tr> <td>BROTHER(S)</td> <td align="right">E</td> </tr> <tr> <td>DAUGHTER</td> <td align="right">F</td> </tr> <tr> <td>SON</td> <td align="right">G</td> </tr> <tr> <td>MOTHER-IN-LAW</td> <td align="right">H</td> </tr> <tr> <td>FRIENDS/NEIGHBORS</td> <td align="right">I</td> </tr> <tr> <td>OTHER _____</td> <td align="right">X</td> </tr> </table> <p align="center">(SPECIFY)</p>	HUSBAND/PARTNER	A	MOTHER	B	FATHER	C	SISTER(S)	D	BROTHER(S)	E	DAUGHTER	F	SON	G	MOTHER-IN-LAW	H	FRIENDS/NEIGHBORS	I	OTHER _____	X								
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MOTHER-IN-LAW	H																													
FRIENDS/NEIGHBORS	I																													
OTHER _____	X																													
816C	In the last six months, did you obtain about family planning information from: a) FP officer? b) Teacher? c) Religious leader? d) Doctor? e) Nurse or midwife? f) Village/community leader? g) Women's group (PKK)? h) Pharmacist?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) FP OFFICER</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) TEACHER</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) RELIGIOUS LEADER</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) DOCTOR</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) NURSE/MIDWIFE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) VILLAGE/COMMUNITY LEADER</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g) WOMEN'S GROU</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>h) PHARMACIST</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) FP OFFICER	1	2	b) TEACHER	1	2	c) RELIGIOUS LEADER	1	2	d) DOCTOR	1	2	e) NURSE/MIDWIFE	1	2	f) VILLAGE/COMMUNITY LEADER	1	2	g) WOMEN'S GROU	1	2	h) PHARMACIST	1	2	
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816D	In the last six months, did you obtain about family planning information from: a) Mobile information unit? b) Art?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) MOBILE INFO. UNIT</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) ART</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) MOBILE INFO. UNIT	1	2	b) ART	1	2																			
	YES	NO																												
a) MOBILE INFO. UNIT	1	2																												
b) ART	1	2																												
817	CHECK 701: MARITAL STATUS YES, <input type="checkbox"/> CURRENTLY MARRIED YES, <input type="checkbox"/> LIVING WITH A MAN NO, <input type="checkbox"/> NOT IN A UNION	→ 901																												
818	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> NOT ASKED <input type="checkbox"/>	→ 820 → 822																												

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
819	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	RESPONDENT 1 HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)	} } } } → 820A
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?	RESPONDENT 1 HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)	
820A	Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8	
820B	How often did you talk to your husband/partner about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 OFTEN 3	
821	CHECK 304: NEITHER ARE <input type="checkbox"/> STERILIZED	HE OR SHE ARE <input type="checkbox"/> STERILIZED	→ 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, secondary, or higher?	PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY/DI/DII/DIII 4 DIV/UNIVERSITY 5 DON'T KNOW 8	→ 906
905	What was the highest [GRADE/YEAR] he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'. COMPLETED = 7	GRADE/YEAR <input type="text"/> DON'T KNOW 8	
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"/> (FILLED BY BPS)	PROFESSIONAL, TECHNICAL 01 MANAGERS AND ADMINISTRATION 02 CLERICAL 03 SALES 04 SERVICE 05 AGRICULTURAL WORKER 06 INDUSTRIAL WORKER 07 OTHER 96 (SPECIFY) DON'T KNOW 98	
909	Now I want to ask you about your activities in the last seven days. 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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
913	What is your occupation? That is, what kind of work do you mainly do? _____ _____ _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (FILLED BY BPS)	PROFESSIONAL, TECHNICAL 01 MANAGERS AND ADMINISTRATION 02 CLERICAL 03 SALES 04 SERVICE 05 AGRICULTURAL WORKER 06 INDUSTRIAL WORKER 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
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: MARITAL STATUS CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/> → 925		
918	CHECK 916: CODE '1' OR '2' CIRCLED <input type="checkbox"/> 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	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	
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	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
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																																
926	Do you have a title deed for any house you own?	YES, RESPONDENT'S NAME 1 YES, HUSBAND/PARTNER'S NAME 2 YES, OTHER PERSON'S NAME 3 NO 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																																
929	Do you have a title deed for any land you own?	YES, RESPONDENT'S NAME 1 YES, HUSBAND/PARTNER'S NAME 2 YES, OTHER PERSON'S NAME 3 NO 4																																	
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="0"> <thead> <tr> <th></th> <th></th> <th>PRES./</th> <th></th> </tr> <tr> <th></th> <th></th> <th>PRES./</th> <th>NOT</th> </tr> <tr> <th></th> <th></th> <th>LISTEN.</th> <th>LISTEN.</th> </tr> <tr> <th></th> <th></th> <th></th> <th>PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN < 10</td> <td>..... 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND/PARTNER</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> </tbody> </table>			PRES./				PRES./	NOT			LISTEN.	LISTEN.				PRES.	CHILDREN < 10 1	2	3	HUSBAND/PARTNER 1	2	3	OTHER MALES 1	2	3	OTHER FEMALES 1	2	3	
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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?	<table border="0"> <thead> <tr> <th></th> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) GOES OUT</td> <td>..... 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>b) NEGLECTS CHILDREN</td> <td>..... 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>c) ARGUES</td> <td>..... 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>d) REFUSES SEX</td> <td>..... 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>e) BURNS FOOD</td> <td>..... 1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </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				
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SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 1042
1001A	From which sources of information have you learned about HIV/AIDS? Any thing else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO A TELEVISION B NEWSPAPER/MAGAZINE C FLYER/POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIENDS/RELATIVE I WORK PLACE J INTERNET K OTHER X <p align="center">(SPECIFY)</p>	
1002	Can people reduce their chance of getting HIV-AIDS 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 HI-AIDS from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
1004	Can people reduce their chance of getting HIV-AIDS by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
1005	Can people get the HIV-AIDS virus by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8	
1006	Can people get HIV-AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
1006A	Can people get the HIV-AIDS virus by sharing unsterilized needle or syringe?	YES 1 NO 2 DON'T KNOW 8	
1007	Is it possible for a healthy-looking person to have the HIV-AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
1008	Can the HIV-AIDS virus be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	YES NO DK a) DURING PREGNANCY .. 1 2 8 b) DURING DELIVERY 1 2 8 c) BREASTFEEDING 1 2 8	
1008A	How to identify someone who was infected with HIV-AIDS? Any thing else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	PHYSICAL A BEHAVIOR B BLOOD TEST C OTHER X <p align="center">(SPECIFY)</p> DON'T KNOW Z	
1008B	Do you know about HIV-AIDS test?	YES 1 NO 2	→ 1032/

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1031	Do you know of a place where people can go to get an HIV test?	YES 1 NO 2	→ 1032/
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) DO NOT READ OUT RESPONSES. RECORD ALL MENTIONED.	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B PUBLIC MOBILE CLINI C CLINIC D VCT CLINIC E OTHER F _____ (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL G CLINIC H VCT CLINIC I PRIVATE DOCTOR J MIDWIFE/NURSE K OTHER L _____ (SPECIFY) OTHER X _____ (SPECIFY)	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1042B	<p>From which sources of information have you learned about sexually transmitted infection (STIs)?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>RADIO A</p> <p>TELEVISION B</p> <p>NEWSPAPER/MAGAZINE C</p> <p>FLYER/POSTER D</p> <p>HEALTH PROFESSIONAL E</p> <p>RELIGIOUS INSTITUTION F</p> <p>SCHOOL/TEACHER G</p> <p>COMMUNITY MEETING H</p> <p>FRIENDS/RELATIVE I</p> <p>WORK PLACE J</p> <p>INTERNET K</p> <p>OTHER _____ X (SPECIFY)</p>	
1042C	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>IMPOTENCE L</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>	
1042D	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Anything else?</p> <p>CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>HARD TO GET PREGNANT/HAVE A CHILD L</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>	
1043	<p>CHECK 713: SEXUAL INTERCOURSE</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>	<p>→ 1051</p>	
1044	<p>CHECK 1042: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>CODE '1' CIRCLED <input type="checkbox"/></p> <p>CODE '2' CIRCLED <input type="checkbox"/></p>	<p>→ 1046</p>	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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: HAS HAD AN INFECTION <input type="checkbox"/> (ANY CODE '1' CIRCLED) ↓	NO CODE '1' CIRCLED <input type="checkbox"/>	→ 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
1050	Where did you go? Any other place? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B PUBLIC MOBILE CLINI C CLINIC D OTHER E _____ (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL F CLINIC G PRIVATE DOCTOR H MIDWIFE/NURSE I PHARMACY J OTHER X _____ (SPECIFY) SHOP L SELF-MEDICATED M TRADITIONAL HEALER N OTHER X _____ (SPECIFY)	
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?	YES 1 NO 2 DON'T KNOW 8	
1052	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES 1 NO 2 DON'T KNOW 8	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS <input type="text"/></p> <p>NONE 00</p>	→ 1104
1102	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS <input type="text"/></p> <p>NONE 00</p>	→ 1104
1103	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1104	<p>Do you currently smoke cigarettes every day, some days, or not at all?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	→ 1106
1105	<p>On average, how many cigarettes do you currently smoke each day?</p>	<p>NUMBER OF CIGARETTES <input type="text"/></p>	
1106	<p>Do you currently smoke or use any other type of tobacco every day, some days, or not at all?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	→ 1108
1107	<p>What other type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE A</p> <p>CIGAR B</p> <p>SHISHA/WATER PIPE C</p> <p>INHALED THROUGH MOUTH D</p> <p>INHALED THROUGH NOSE E</p> <p>CHEWING TOBACCO F</p> <p>CHEW BETEL LEAF WITH TOBACCO G</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
1108	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem:</p> <p>a) Getting permission to go to the doctor?</p> <p>b) Getting money needed for advice or treatment?</p> <p>c) The distance to the health facility?</p> <p>d) Not wanting to go alone?</p>	<p align="right">BIG NOT A BIG PROBLEM PROBLEM</p> <p>a) PERMISSION TO GO 1 2</p> <p>b) GETTING MONEY 1 2</p> <p>c) DISTANCE 1 2</p> <p>d) GO ALONE 1 2</p>	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1109	Are you covered by any health insurance?	YES 1 NO 2	→ 1201
1110	What type of health insurance are you covered by? RECORD ALL MENTIONED.	REGIONAL HEALTHI..... A HEALTH SECURITY INSURANCE B HEALTH SECURITY INSURANCE NON CONTRII C PRIVATE HEALTH INSURANCE D EMPLOYER'S INSURANCE E OTHER _____ X (SPECIFY)	
1110A	CHECK 1110: HAS HEALTH INSURANCE CODE 'B' <input type="checkbox"/> CIRCLED CODE 'B' <input type="checkbox"/> NOT CIRCLED		→ 1201
1110B	What type of services did you use the health insurance card (JKN/BPJS PBI) for?	ANTENATAL CARE A DELIVERY CARE B POSTPARTUM CARE C NEWBORN CARE D FAMILY PLANNING E INPATIENT CARE F OUTPATIENT CARE/CHECK UP G NEVER USED H	

12. RESPONDENT'S ADDITIONAL BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1201	CHECK 106: AGE 15-24 <input type="checkbox"/> 25 OR OLDER <input type="checkbox"/>		→ 1735																								
1202	CHECK 701 AND 702: NEVER MARRIED <input type="checkbox"/> YES, FORMERLY MARRIED/LIVED WITH A MAN <input type="checkbox"/>		→ 1735																								
1203	Are you currently attending school?	YES 1 NO 2	→ 1205																								
1204	What is the reason you are not currently attending school any more?	GRADUATED/HAD ENOUGH SCHOOLING 01 GOT PREGNANT 02 TO CARE FOR ANOTHER FAMILY MEMBER 03 FAMILY NEEDED HELP ON FARM OR BUSINESS 04 COULD NOT PAY SCHOOL FEES... 05 NEEDED TO EARN MONEY 06 DID NOT LIKE SCHOOL/ DID NOT WANT TO CONTINUE... 07 DID NOT PASS EXAMS 08 SCHOOL NOT ACCESSIBLE/ TOO FAR 09 OTHER 96 (SPECIFY)																									
1205	CHECK 113: READ NEWSPAPER/MAGAZINE CODE '1' OR '2' CIRCLED <input type="checkbox"/> CODE '3' CIRCLED <input type="checkbox"/>		→ 1207																								
1206	In the last 6 months did you read an article in a newspaper or magazine: a) About postponement of age at marriage? b) About HIV/AIDS? c) About sexually transmitted infections? d) About the condom/condom advertisement? e) About drugs? f) About alcoholic beverages? g) About how to prevent pregnancy or family planning?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) POSTPONE MARRIAGE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) HIV/AIDS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) STI</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) CONDOM</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>e) DRUGS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>f) ALCOHOL</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>g) FAMILY PLANNING</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	a) POSTPONE MARRIAGE	1	2	b) HIV/AIDS	1	2	c) STI	1	2	d) CONDOM	1	2	e) DRUGS	1	2	f) ALCOHOL	1	2	g) FAMILY PLANNING	1	2	
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1207	CHECK 114: LISTENED TO THE RADIO CODE '1' OR '2' CIRCLED <input type="checkbox"/> CODE '3' CIRCLED <input type="checkbox"/>		→ 1209																								
1208	In the last 6 months did you hear on the radio: a) About postponement of age at marriage? b) About HIV/AIDS? c) About sexually transmitted infections? d) About the condom/condom advertisement? e) About drugs? f) About alcoholic beverages? g) About how to prevent pregnancy or family planning?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) POSTPONE MARRIAGE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) HIV/AIDS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) STI</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) CONDOM</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>e) DRUGS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>f) ALCOHOL</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>g) FAMILY PLANNING</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	a) POSTPONE MARRIAGE	1	2	b) HIV/AIDS	1	2	c) STI	1	2	d) CONDOM	1	2	e) DRUGS	1	2	f) ALCOHOL	1	2	g) FAMILY PLANNING	1	2	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1209	CHECK 115: WATCHED ON THE TELEVISION CODE '1' OR '2' CIRCLED <input type="checkbox"/>	CODE '3' CIRCLED <input type="checkbox"/>	1301																								
1210	In the last 6 months did you watch on television: a) About postponement of age at marriage? b) About HIV/AIDS? c) About sexually transmitted infections? d) About the condom/condom advertisement? e) About drugs? f) About alcoholic beverages? g) About how to prevent pregnancy or family planning?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) POSTPONE MARRIAGE</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HIV/AIDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) STI</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) CONDOM</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) DRUGS</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) ALCOHOL</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) FAMILY PLANNING</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) POSTPONE MARRIAGE	1	2	b) HIV/AIDS	1	2	c) STI	1	2	d) CONDOM	1	2	e) DRUGS	1	2	f) ALCOHOL	1	2	g) FAMILY PLANNING	1	2	
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13. KNOWLEDGE AND EXPERIENCE ABOUT HUMAN REPRODUCTION SYSTEM

Now I want to ask you about changes from childhood to adolescence, the reproductive system, and related issues.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1301	When a boy begins to change from childhood to adolescence, also known as puberty, he experiences some physical changes. Can you tell me what they are? Any other change? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	DEVELOP MUSCLES A CHANGE IN VOICE B GROWTH OF FACIAL HAIR, PUBIC HAIR, UNDERARM HAIR, CHEST, LEGS AND ARMS C INCREASE IN SEXUAL AROUSAL D WET DREAMS E GROWTH OF ADAM'S APPLE F OTHER _____ X (SPECIFY) DON'T KNOW Z	
1302	When a girl begins to change from childhood to adolescence, she experiences some physical changes. Can you tell me what they are? Any other change? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	GROWTH OF PUBIC AND UNDERARM HAIR A GROWTH IN BREASTS B GROWTH IN HIPS C INCREASE IN SEXUAL AROUSAL D START MENSTRUATION E OTHER _____ X (SPECIFY) DON'T KNOW Z	
1303	CHECK 1301 AND 1302: NO CODE 'Z' CIRCLED OR CODE 'Z' CIRCLED <input type="checkbox"/> IN ONE QUESTION ONLY ↓	CODE 'Z' CIRCLED IN BOTH 1301 AND <input type="checkbox"/> 1302	→ 1305
1304	Where did you get the information about the physical changes from childhood to adolescence? Any other source? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	FRIENDS A MOTHER B FATHER C SIBLINGS D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H TELEVISION I RADIO J BOOK/MAGAZINE/NEWSPAPER K INTERNET L OTHER _____ X (SPECIFY) DON'T KNOW Z	
1305	How old were you when you had your first menstruation?	NEVER 00 AGE IN YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	→ 1309
1306	Before you menstruated, did anyone talk to you about menstruation?	YES 1 NO 2	→ 1308

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1307	Who talked to you about menstruation? Any one else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	FRIENDS A MOTHER B FATHER C SIBLINGS D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H OTHER X (SPECIFY)	
1308	The first time you menstruated, did you talk to anyone? Who did you talk to? Any one else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	FRIENDS A MOTHER B FATHER C SIBLINGS D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H OTHER X (SPECIFY) NO ONE Z	
1309	Can a woman become pregnant by having one sexual intercourse ?	YES 1 NO 2 DON'T KNOW 8	
1310	Do you know how to avoid pregnancy? If "YES": What is it? Any other way? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	ABSTAIN FROM SEX A USE CONTRACEPTION B OTHER X (SPECIFY) DON'T KNOW Z	
1311	What service of family planning do you think should be made available to unmarried youth? a) Information about reproductive health and family planning methods? b) Consultation about how to use family planning methods? c) Provision and family planning services	YES NO a) INFORMATION 1 2 b) COUNSELLING 1 2 c) SERVICE 1 2	
1312	I will now read you some statements about condom use. Do you agree or disagree with the following statement: a) Condoms can be used to prevent pregnancy b) A condom can protect against getting HIV-AIDS and other sexually transmitted diseases c) A condom can be reused	DIS- DON'T AGREE AGREE KNOW a) PREVENT PREGNANCY . 1 2 8 b) PREVENT HIV/AIDS AND STI 1 2 8 c) CAN BE REUSED 1 2 8	
1313	Now I want to talk about a disease called anemia. Have you ever heard of anemia?	YES 1 NO 2	→ 1401

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1314	What is anemia? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	LOW HEMOGLOBIN (Hb) A IRON DEFICIENCY B DEFICIT IN RED BLOOD CELLS ... C BLOOD DEFICIT D VITAMIN DEFICIENCY E LOW BLOOD PRESSURE..... F OTHER _____ X (SPECIFY) DON'T KNOW Z	
1315	What do you think is the cause of anemia? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	LACK OF CONSUMPTION OF MEAT, FISH AND LIVER A LACK OF CONSUMPTION OF VEGETABLES AND FRUIT B BLEEDING C MENSTRUATION D MALNUTRITION E INFECTIOUS DISEASE F OTHER _____ X (SPECIFY) DON'T KNOW Z	
1316	Can anemia be treated?	YES 1 NO 2 DON'T KNOW 8	↘ 1401
1317	How is anemia treated? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	TAKE PILL TO INCREASE BLOOD A TAKE IRON TABLET B INCREASE CONSUMPTION OF MEAT, CHICKEN, FISH AND LIVER C INCREASE CONSUMPTION OF IRON-RICH VEGETABLES AND FRUITS D OTHER _____ X (SPECIFY) DON'T KNOW Z	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																																																											
1413	If a woman has an unwanted pregnancy, what do you think she should do; have the baby and keep it, have the baby and give it away, have an abortion, or up to her?	HAVE THE BABY AND KEEP IT 1 HAVE THE BABY AND GIVE IT AWAY 2 HAVE AN ABORTION 3 UP TO HER 4 DON'T KNOW 8																																																												
1414	<p>I'm going to read some statements about times when a woman might consider having an abortion. Please tell me, in your opinion, is it acceptable for a woman to have an</p> <p>a) The pregnancy endangers her health and the baby's health?</p> <p>b) The pregnancy endangers her life and the baby's life?</p> <p>c) The fetus has physical deformity?</p> <p>d) The pregnancy has resulted from rape?</p> <p>e) She is unmarried?</p> <p>f) The couple can not afford to have a child?</p> <p>g) She is attending school?</p>	<table border="0"> <thead> <tr> <th></th> <th></th> <th>DIS-</th> <th>DON'T</th> </tr> <tr> <th></th> <th></th> <th>AGREE</th> <th>AGREE</th> <th>KNOW</th> </tr> </thead> <tbody> <tr> <td>a) ENDANGER</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>HEALTH</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>b) ENDANGER LIFE</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>c) FETUS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DEFORMED</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>d) RAPED</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>e) UNMARRIED . . .</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>f) CAN NOT AFFORD</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>g) ATTENDING</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SCHOOL</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>			DIS-	DON'T			AGREE	AGREE	KNOW	a) ENDANGER					HEALTH	1	2	8		b) ENDANGER LIFE	1	2	8		c) FETUS					DEFORMED	1	2	8		d) RAPED	1	2	8		e) UNMARRIED . . .	1	2	8		f) CAN NOT AFFORD	1	2	8		g) ATTENDING					SCHOOL	1	2	8		
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15. ROLE OF FAMILY, SCHOOL, COMMUNITY, AND MASS MEDIA

Now I'd like to ask you about the role of family, school and community as sources of information on reproductive health, which includes issues related to sexuality and sexually transmitted infections, such as HIV/AIDS; and use of illegal drugs and NAPZA (narcotics, alcohol, psychotropic drugs, and other addictive substances).

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																											
1501	I would like to know about the people with whom you have talked about or asked questions about reproductive health. Have you talked about these things with: a) Friend? b) Mother? c) Father? d) Siblings? e) Relatives? f) Teacher? g) Health service provider? h) Religious leader?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) FRIEND</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) MOTHER</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) FATHER</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) SIBLINGS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>e) RELATIVES</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>f) TEACHER</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>g) HEALTH SERVICE PROVIDER</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>h) RELIGIOUS LEADER</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	a) FRIEND	1	2	b) MOTHER	1	2	c) FATHER	1	2	d) SIBLINGS	1	2	e) RELATIVES	1	2	f) TEACHER	1	2	g) HEALTH SERVICE PROVIDER	1	2	h) RELIGIOUS LEADER	1	2	
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1502	If you want to know more about reproductive health, who would you like to ask? Any one else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	<table border="0"> <tr><td>FRIENDS</td><td>A</td></tr> <tr><td>MOTHER</td><td>B</td></tr> <tr><td>FATHER</td><td>C</td></tr> <tr><td>SIBLINGS</td><td>D</td></tr> <tr><td>RELATIVES</td><td>E</td></tr> <tr><td>TEACHER</td><td>F</td></tr> <tr><td>HEALTH SERVICE PROVIDER</td><td>G</td></tr> <tr><td>RELIGIOUS LEADER</td><td>H</td></tr> <tr><td>OTHER</td><td>X</td></tr> <tr><td align="center" colspan="2">(SPECIFY)</td></tr> <tr><td>DON'T KNOW</td><td>Z</td></tr> </table>	FRIENDS	A	MOTHER	B	FATHER	C	SIBLINGS	D	RELATIVES	E	TEACHER	F	HEALTH SERVICE PROVIDER	G	RELIGIOUS LEADER	H	OTHER	X	(SPECIFY)		DON'T KNOW	Z						
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YES	<input type="checkbox"/>	NO	<input type="checkbox"/>																											

TOPIC	1504. Have you ever been taught at school about (TOPIC)?	1505 In what level of schooling were you when you first were taught at school about (TOPIC)?																		
A. How the human reproductive system works.	<table border="0"> <tr><td>YES</td><td>1 →</td></tr> <tr><td>NO</td><td>2 ↘</td></tr> <tr><td>DON'T KNOW</td><td>8 ↘</td></tr> </table>	YES	1 →	NO	2 ↘	DON'T KNOW	8 ↘	<table border="0"> <tr><td>PRIMARY</td><td>1</td></tr> <tr><td>JUNIOR HIGH SCHOOL</td><td>2</td></tr> <tr><td>SENIOR HIGH SCHOOL</td><td>3</td></tr> <tr><td>ACADEMY/DI/DII/DIII</td><td>4</td></tr> <tr><td>DIV/UNIVERSITY</td><td>5</td></tr> <tr><td>DON'T KNOW</td><td>8</td></tr> </table>	PRIMARY	1	JUNIOR HIGH SCHOOL	2	SENIOR HIGH SCHOOL	3	ACADEMY/DI/DII/DIII	4	DIV/UNIVERSITY	5	DON'T KNOW	8
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B. Methods of birth control.	<table border="0"> <tr><td>YES</td><td>1 →</td></tr> <tr><td>NO</td><td>2 ↘</td></tr> <tr><td>DON'T KNOW</td><td>8 ↘</td></tr> </table>	YES	1 →	NO	2 ↘	DON'T KNOW	8 ↘	<table border="0"> <tr><td>PRIMARY</td><td>1</td></tr> <tr><td>JUNIOR HIGH SCHOOL</td><td>2</td></tr> <tr><td>SENIOR HIGH SCHOOL</td><td>3</td></tr> <tr><td>ACADEMY/DI/DII/DIII</td><td>4</td></tr> <tr><td>DIV/UNIVERSITY</td><td>5</td></tr> <tr><td>DON'T KNOW</td><td>8</td></tr> </table>	PRIMARY	1	JUNIOR HIGH SCHOOL	2	SENIOR HIGH SCHOOL	3	ACADEMY/DI/DII/DIII	4	DIV/UNIVERSITY	5	DON'T KNOW	8
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C. HIV/AIDS.	<table border="0"> <tr><td>YES</td><td>1 →</td></tr> <tr><td>NO</td><td>2 ↘</td></tr> <tr><td>DON'T KNOW</td><td>8 ↘</td></tr> </table>	YES	1 →	NO	2 ↘	DON'T KNOW	8 ↘	<table border="0"> <tr><td>PRIMARY</td><td>1</td></tr> <tr><td>JUNIOR HIGH SCHOOL</td><td>2</td></tr> <tr><td>SENIOR HIGH SCHOOL</td><td>3</td></tr> <tr><td>ACADEMY/DI/DII/DIII</td><td>4</td></tr> <tr><td>DIV/UNIVERSITY</td><td>5</td></tr> <tr><td>DON'T KNOW</td><td>8</td></tr> </table>	PRIMARY	1	JUNIOR HIGH SCHOOL	2	SENIOR HIGH SCHOOL	3	ACADEMY/DI/DII/DIII	4	DIV/UNIVERSITY	5	DON'T KNOW	8
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D. Other sexually transmitted infections.	<table border="0"> <tr><td>YES</td><td>1 →</td></tr> <tr><td>NO</td><td>2 ↘</td></tr> <tr><td>DON'T KNOW</td><td>8 ↘</td></tr> </table>	YES	1 →	NO	2 ↘	DON'T KNOW	8 ↘	<table border="0"> <tr><td>PRIMARY</td><td>1</td></tr> <tr><td>JUNIOR HIGH SCHOOL</td><td>2</td></tr> <tr><td>SENIOR HIGH SCHOOL</td><td>3</td></tr> <tr><td>ACADEMY/DI/DII/DIII</td><td>4</td></tr> <tr><td>DIV/UNIVERSITY</td><td>5</td></tr> <tr><td>DON'T KNOW</td><td>8</td></tr> </table>	PRIMARY	1	JUNIOR HIGH SCHOOL	2	SENIOR HIGH SCHOOL	3	ACADEMY/DI/DII/DIII	4	DIV/UNIVERSITY	5	DON'T KNOW	8
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E. NAPZA (narcotics, alcohol, psychotropic drugs and other addictive substances).	<table border="0"> <tr><td>YES</td><td>1 →</td></tr> <tr><td>NO</td><td>2 ↘</td></tr> <tr><td>DON'T KNOW</td><td>8 ↘</td></tr> </table>	YES	1 →	NO	2 ↘	DON'T KNOW	8 ↘	<table border="0"> <tr><td>PRIMARY</td><td>1</td></tr> <tr><td>JUNIOR HIGH SCHOOL</td><td>2</td></tr> <tr><td>SENIOR HIGH SCHOOL</td><td>3</td></tr> <tr><td>ACADEMY/DI/DII/DIII</td><td>4</td></tr> <tr><td>DIV/UNIVERSITY</td><td>5</td></tr> <tr><td>DON'T KNOW</td><td>8</td></tr> </table>	PRIMARY	1	JUNIOR HIGH SCHOOL	2	SENIOR HIGH SCHOOL	3	ACADEMY/DI/DII/DIII	4	DIV/UNIVERSITY	5	DON'T KNOW	8
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	1506																			

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1506	Have you ever attended a community-sponsored meeting about reproductive health?	YES 1 NO 2	→1508
1507	What kind of meeting did you attend? Any other? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	YOUTH GROUP A RELIOUS GATHERING B YOUTH FAMILY GUIDANCE/BKR ... C NGO D GOVT. EXTENSION SERVIC E OTHER _____ X (SPECIFY)	
1508	Have you heard of a place for young adults to obtain information and counselling about young adult reproductive health?	YES 1 NO 2	→1601
1509	What places have you heard about? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	CENTER OF INFORMATION AND COUNSELING FOR YOUTH ...A PRIMARY HEALTH CENTER- YOUTH FRIENDLY HEALTH ...B YOUTH CENTEF C OTHER X DON'T REMEMBER/DON'T KNOW ... Z	
1510	Do you know where this place is (any of these places are)?	YES 1 NO 2	→ 1601
1511	Have you ever visited this place (any of these places)?	YES 1 NO 2	→1601
1512	What services did you find there? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	INFORMATION ON REPRODUCTIVE HEALTH A COUNSELING B MEDICAL CHECK UP C STI TREATMENT D CONTRACEPTIVE METHOD E OTHER _____ X (SPECIFY) DON'T KNOW Z	
1513	Apart from services you mentioned before, what other services do you want to be available in that place (those places)? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	INFORMATION ON REPRODUCTIVE HEALTH A COUNSELING B MEDICAL CHECK UP C STI TREATMENT D CONTRACEPTIVE METHOD E OTHER _____ X (SPECIFY) DON'T KNOW Z	

16. SMOKING, DRINKING AND DRUGS

Now I'd like to ask you some question about the use of tobacco, alcohol and drugs. As we discussed earlier, you can choose not to answer any individual question or all of the questions. However, I hope you will answer these questions because your views are important. The information you give will be confidential and will only be used for scientific study.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1601	CHECK 1104: SMOKING <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE '3' CIRCLED <input style="width: 20px; height: 15px;" type="checkbox"/> </div> <div style="text-align: center;"> CODE '1' OR '2' CIRCLED <input style="width: 20px; height: 15px;" type="checkbox"/> </div> </div>		→ 1603
1602	Have you ever tried to smoke a cigarette?	YES 1 NO 2	→ 1605
1603	How old were when you smoked a cigarette for the first time?	AGE IN YEARS <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DON'T REMEMBEF. 98	
1604	How old were you when you started smoking fairly regularly?	AGE IN YEARS <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> JUST TRIED 94 NEVER SMOKED REGULARLY ... 95 DON'T KNOW 98	
1605	Have you ever asked/influenced a friend/someone to smoke?	YES 1 NO 2	
1606	Have you ever asked/influenced a friend/someone not to smoke?	YES 1 NO 2	
1607	Now I have some questions about drinking alcohol such as arak, tuak, beer, and others. Have you ever drunk an alcohol-containing beverage?	YES 1 NO 2	→ 1611
1608	How old were you when you had your first drink of alcohol?	AGE IN YEARS <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DON'T KNOW 98	
1609	In the last three months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY: RECORD „90“.	NUMBER OF DAYS <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DID NOT DRINK 95	
1610	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES 1 NO 2	
1611	Have you ever asked/influenced a friend/someone to drink an alcohol-containing beverage?	YES 1 NO 2	
1612	Have you ever asked/influenced a friend/someone not to drink an alcohol-containing beverage?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1613	There are drugs such as ganja, putau, shabu-shabu, and others drugs which can be used for fun or get high (<i>ngehai, ngeboat, berfantasi</i> , etc). Do you know someone who takes drugs?	YES 1 NO 2	
1614	Have you yourself ever tried to use those kinds of drugs?	YES 1 NO 2	→1622
1615	How did you use the drug? Any other way? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	SMOKED A INHALED B INJECTED C DRUNK/SWALLOWED D OTHER _____ X (SPECIFY)	
1616	CHECK 1615: CODE 'A', 'B', 'D' OR 'X' <input type="checkbox"/> CIRCLED	CODE 'C' <input type="checkbox"/> CIRCLED	→ 1618
1617	Have you ever injected drugs which can make you <i>teler, flai, hai, or on</i> ?	YES 1 NO 2	→1622
1618	How old were you when you first injected drugs?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T REMEMBER 98	
1619	Did you inject drugs in the last 12 months?	YES 1 NO 2	→1621
1620	How often did you inject the drugs?	EVERYDAY 01 A FEW TIMES A WEEK 02 EVERY WEEK 03 LESS THAN ONCE PER WEEK 04 ONCE A MONTH 05 LESS THAN ONCE A MONTH 06 OTHER _____ 96 (SPECIFY)	
1621	Have you ever shared needles?	YES 1 NO 2	
1622	Have you ever asked/influenced a friend/someone to use drugs?	YES 1 NO 2	
1623	Have you ever asked/influenced a friend/someone not to use drugs?	YES 1 NO 2	
1624	Have you ever heard of IPWL (Institution For Compulsory Reporting Programme)?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1709	With whom did you have sex the first time? DO NOT READ OUT RESPONSES.	FRIEND 01 BOY/GIRLFRIEND 02 RELATIVE 03 FATHER 04 PROSTITUTE 05 OTHER 96 (SPECIFY)	
1710	The first time you had sexual intercourse, did you or your partner use anything to prevent a pregnancy?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER . 8	→1712
1711	What contraceptive method did you or your partner use? Any other method? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	CONDOM A PILL B EMERGENCY CONTRACEPTION... C WITHDRAWAL D RHYTHM/PERIODIC ABSTINENCE E OTHER X (SPECIFY)	
1712	Do you have any friends who have had sex before marriage?	YES 1 NO 2 DON'T KNOW 8	→1714
1713	Because you have friends who have had sex, are you motivated to have sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
1714	Do you agree or disagree with the following statements: a) A man has many concurrent partners/girlfriends b) A woman has many concurrent partners/boyfriends	YES NO DE- PENDS a) MAN HAS MANY CONCURRENT GIRLFRIENDS ... 1 2 8 b) WOMAN HAS MANY CONCURRENT BOYFRIENDS 1 2 8	
1715	Do you approve if a woman has sexual intercourse before marriage?	APPROVE 1 DISAPPROVE 2 DEPENDS 8	
1716	Do you approve if a man has sexual intercourse before marriage?	APPROVE 1 DISAPPROVE 2 DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1717	Do you approve of someone having sexual intercourse before marriage because: a) They both like to have sex. b) They love each other. c) They plan to get married d) The woman is an adult and knows the consequences e) They want to show their love	DIS- APPROVE APPROVE a) BOTH LIKE SEX 1 2 b) LOVE EACH OTHER . . 1 2 c) PLAN TO MARRY . . . 1 2 d) WOMAN KNOWS CONSEQUENCES 1 2 e) SHOW LOVE 1 2	
1718	Do you strongly agree, agree or disagree with the opinion that women should maintain their virginity before marriage?	STRONGLY AGREE 1 AGREE 2 DISAGREE 8	
1719	Do you think men in general still value virginity in a woman?	YES 1 NO 2 DON'T KNOW 8	
1720	CHECK 713: HAS HAD SEXUAL INTERCOURSE NO <input type="checkbox"/> YES <input type="checkbox"/>		1722
1721	If you have not had sexual intercourse, do you have an intention to have sexual intercourse before marriage?	YES 1 NO 2 DEPENDS 8	
1722	Have you ever advised/influenced a friend/someone to have sexual intercourse before marriage?	YES 1 NO 2	
1723	Have you ever advised/influenced a friend/someone not to have sexual intercourse before marriage?	YES 1 NO 2	
1724	Have you ever been pregnant that you didn't want?	YES 1 NO 2	1732
1725	How many times did you become pregnant when you did not want to?	ONCE 1 SEVERAL TIMES 2	
1726	CHECK 1725: <input type="checkbox"/> ONCE <input type="checkbox"/> SEVERAL TIMES When you had the unwanted pregnancy, what did you do? When you had an unwanted pregnancy(ies), what did you do? CONTINUED THE PREGNANCY . . . 1 FAILED TO STOP 2 ABORTED THE PREGNANCY 3 HAD A MISCARRIAGE 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8		1732
1727	Who made the decision to keep the pregnancy or to terminate the pregnancy when you did not want the pregnancy? Any other person? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	RESPONDENT A PARTNER B PARENTS C SIBLING D RELATIVES E FRIEND F OTHER _____ X (SPECIFY)	
1728	CHECK 1726: CODE '1' OR '2' CIRCLED <input type="checkbox"/> CODE '3' CIRCLED <input type="checkbox"/>		1731

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO								
1729	What did you do with the baby?	KEPT THE BABY 1 BABY CARED BY OTHER PEOPLE 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8									
1730	CHECK 1726: CODE '2' CIRCLED <input type="checkbox"/>	CODE '1' <input type="checkbox"/>	→1732								
1731	Who helped you in stopping the pregnancy or attempting to stop the pregnancy? Any other person? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	DOCTOR A MIDWIFE/NURSE B TRADITIONAL BIRTH ATTENDANT . C PHARMACIST D FRIEND/RELATIVES E SELF F OTHER _____ X (SPECIFY) DON'T KNOW Z									
1732	Do you personally know any young unmarried adult who has tried to abort her pregnancy or has ever aborted her pregnancy?	YES 1 NO 2									
1733	Have you ever advised/influenced a friend/someone to abort a pregnancy?	YES 1 NO 2									
1734	Have you ever advised/influenced a friend/someone not to abort a pregnancy?	YES 1 NO 2									
1735	RECORD THE TIME	HOUR <table border="1" data-bbox="1239 932 1328 989"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> MINUTE <table border="1" data-bbox="1239 989 1328 1037"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

SUPERVISOR'S NAME: _____ DATE: _____

EDITOR'S OBSERVATIONS

EDITOR'S NAME: _____ DATE: _____

CALENDAR

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN:

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- L BIRTH
- H PREGNANCIES
- K MISCARRIAGE
- A ABORTION
- S STILLBIRTH
- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- M LACTATIONAL AMENORRHEA METHOD
- P PERIODIC ABSTINENCE
- T WITHDRAWAL
- X OTHER _____
(SPECIFY)

COL. 2: SOURCE OF CONTRACEPTION

- 1 GOVT. HOSPITAL
- 2 GOVT. CLINIC
- 3 PUBLIC HEALTH CENTER
- 4 PUSTU/PUSLING
- 5 DELIVERY POST (POSKEDES/POLINDES)
- 6 HEALTH POST (POSYANDU)
- 7 FP MOBILE CLINIC 9TKBK/TMK/MUYAN/BAKSOS
- 8 FP FIELDWORKER
- 9 FP POST/PPKBD
- 10 VILLAGE MIDWIFE

- A PVT. HOSPITAL
- B PVT. CLINIC/MATERNITY OSPITAL
- C PVT. OBGYN
- D PRIVATE DOCTOR
- E MIDWIFE
- F NURSE
- G PHARMACY/DRUGSTORE
- H SHOP
- X OTHER _____
(SPECIFY)

COL. 3: REASON FOR DISCONTINUATION OF CONTRACEPTION

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- 9 INCONVENIENT TO USE
- F DON'T KNOW/MIND
- M MENOPAUSAL
- C MARITAL DISSOLUTION/SEPARATION
- N IUD EXPELLED
- X OTHER _____
(SPECIFY)
- Z DON'T KNOW

COL. 4: MARITAL STATUS

- X MARRIAGE
- B LIVING TOGETHER
- 0 NOT MARRIAGE

		1	2	3	4		
DES	01					01	DES
NOV	02					02	NOV
2	OKT					03	OKT
	SEP					04	SEP
0	AGT					05	AGT
	JUL					06	JUL
1	JUN					07	JUN
	MEI					08	MEI
7	APR					09	APR
	MAR					10	MAR
	PEB					11	PEB
	JAN					12	JAN
DES	13					13	DES
NOV	14					14	NOV
2	OKT					15	OKT
	SEP					16	SEP
0	AGT					17	AGT
	JUL					18	JUL
1	JUN					19	JUN
	MEI					20	MEI
6	APR					21	APR
	MAR					22	MAR
	PEB					23	PEB
	JAN					24	JAN
DES	25					25	DES
NOV	26					26	NOV
2	OKT					27	OKT
	SEP					28	SEP
0	AGT					29	AGT
	JUL					30	JUL
1	JUN					31	JUN
	MEI					32	MEI
5	APR					33	APR
	MAR					34	MAR
	PEB					35	PEB
	JAN					36	JAN
DES	37					37	DES
NOV	38					38	NOV
2	OKT					39	OKT
	SEP					40	SEP
0	AGT					41	AGT
	JUL					42	JUL
1	JUN					43	JUN
	MEI					44	MEI
4	APR					45	APR
	MAR					46	MAR
	PEB					47	PEB
	JAN					48	JAN
DES	49					49	DES
NOV	50					50	NOV
2	OKT					51	OKT
	SEP					52	SEP
0	AGT					53	AGT
	JUL					54	JUL
1	JUN					55	JUN
	MEI					56	MEI
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	MAR					70	MAR
	PEB					71	PEB
	JAN					72	JAN