





DEMOGRAPHIC AND HEALTH SURVEYS  
WOMAN'S QUESTIONNAIRE  
Zimbabwe  
ZIMSTAT

FORMATTING DATE: 12 June 2015



IDENTIFICATION

PLACE NAME \_\_\_\_\_

NAME OF HOUSEHOLD HEAD \_\_\_\_\_

CLUSTER NUMBER.....

HOUSEHOLD NUMBER .....

NAME AND LINE NUMBER OF WOMAN \_\_\_\_\_


INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR
INTERVIEWER'S NAME				INT. NO.
RESULT*				RESULT*
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS

\*RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER \_\_\_\_\_  
2 NOT AT HOME 5 PARTLY COMPLETED SPECIFY  
3 POSTPONED 6 INCAPACITATED

LANGUAGE OF QUESTIONNAIRE\*\* 0 1

LANGUAGE OF INTERVIEW\*\*

TRANSLATOR USED (YES = 1, NO = 2)

LANGUAGE OF QUESTIONNAIRE\*\* ENGLISH

\*\*LANGUAGE CODES:  
01 ENGLISH 03 SHONA  
02 NDEBELE

SUPERVISOR

OFFICE EDITOR

KEYED BY

NAME

NUMBER

NAME

NUMBER

NAME

NUMBER

## INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with the Central Statistical Office/ZIMSTAT, in collaboration with the Ministry of Health. We are conducting a survey about health and other topics all over Zimbabwe. The information we collect will help the government to plan health services. Your household was randomly selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. Participation in the survey is completely voluntary. It's up to you if you want to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

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

Do you have any questions?

Do you agree to participate in the survey? May I begin the interview now?

SIGNATURE OF INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

RESPONDENT AGREES  
TO BE INTERVIEWED . . 1

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

### SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MINUTES ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
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 ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>  ALWAYS ..... 95 VISITOR ..... 96	→ 105
103	Just before you moved here, did you live in an urban or rural area?	URBAN AREA ..... 1 RURAL AREA ..... 2	
104	Before you moved here, which province did you live in?	BULAWAYO ..... 00 HARARE ..... 09 MANICALAND ..... 01 MASHONALAND CENTRAL ..... 02 MASHONALAND EAST ..... 03 MASVINGO ..... 08 MASHONALAND WEST ..... 04 MATABELELAND NORTH ..... 05 MATABELELAND SOUTH ..... 06 MIDLANDS ..... 07 OUTSIDE OF ZIMBABWE ..... 96	
105	In what month and year were you born?	MONTH ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>  DON'T KNOW MONTH ..... 98  YEAR ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DON'T KNOW YEAR ..... 9998	
106	How old were you at your last birthday?  COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
107	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 111

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3	
109	What is the highest [GRADE/FORM/YEAR] you completed at that level?  IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
110	CHECK 108:  PRIMARY OR <input type="checkbox"/> SECONDARY ↓	HIGHER <input type="checkbox"/> → 113	
111	Now I would like you to read this sentence to me.  SHOW CARD TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PART OF THE SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE ..... 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
112	CHECK 111:  CODE '2', '3' OR '4' ↓ <input type="checkbox"/> CIRCLED	CODE '1' OR '5' CIRCLED <input type="checkbox"/> → 114	
113	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
114	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
115	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
116	Do you own a mobile telephone?	YES ..... 1 NO ..... 2	→ 118
117	Do you use your mobile phone for any financial transactions?	YES ..... 1 NO ..... 2	
118	Do you have an account in a bank or other financial institution that you yourself use?	YES ..... 1 NO ..... 2	
119	Have you ever used the internet?	YES ..... 1 NO ..... 2	→ 122
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	→ 122
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 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	What is your religion?	TRADITIONAL ..... 1 ROMAN CATHOLIC ..... 2 PROTESTANT ..... 3 PENTECOSTAL ..... 4 APOSTOLIC SECT ..... 5 OTHER CHRISTIAN ..... 6 MUSLIM ..... 7 NONE ..... 8 OTHER ..... 96 <div style="text-align: right;">(SPECIFY)</div>	
124	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES ..... <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; vertical-align: middle;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; vertical-align: middle;"></div> NONE ..... 00	→ 201
125	In the last 12 months, have you been away from home for more than one month at a time?	YES ..... 1 NO ..... 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES ..... 1 NO ..... 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are currently living with you?	YES ..... 1 NO ..... 2	→ 204								
203	a) How many sons live with you?  b) And how many daughters live with you?  IF NONE, RECORD '00'.	a) SONS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206								
205	a) How many sons are alive but do not live with you?  b) And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	a) SONS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died?  IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES ..... 1 NO ..... 2	→ 208								
207	a) How many boys have died?  b) And how many girls have died?  IF NONE, RECORD '00'.	a) BOYS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct?  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES  <input type="checkbox"/>  ↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/>  ↓  PROBE AND  CORRECT 201-208  AS NECESSARY. </div> </div>										
210	CHECK 208:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE  BIRTHS <input type="checkbox"/>  ↓ </div> <div style="text-align: center;"> NO BIRTHS <input type="checkbox"/> </div> </div>		→ 226								

SECTION 2. REPRODUCTION

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.  
RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 10 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.

212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby?	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday?	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died?  IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday?  THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
RECORD NAME.					RECORD AGE IN COMPLETED YEARS.				
BIRTH HISTORY NUMBER.									
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (NEXT BIRTH)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2





**SECTION 2. REPRODUCTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES ..... 1 (RECORD BIRTH(S) IN TABLE) ← NO ..... 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY  <div style="display: flex; justify-content: space-around;"> <div>             NUMBERS ARE SAME  <input type="checkbox"/> </div> <div>             NUMBERS ARE DIFFERENT  <input type="checkbox"/>              (PROBE AND RECONCILE) ←           </div> </div>		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2010-2015	NUMBER OF BIRTHS ..... <input type="text"/> NONE ..... 0	→ 226
225	<b>C</b> FOR EACH BIRTH IN 2010-2015, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF COMPLETED MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	→ 230
227	How many months pregnant are you?  RECORD NUMBER OF COMPLETED MONTHS.  <b>C</b> ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS ..... <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES ..... 1 NO ..... 2	→ 230
229	CHECK 208: TOTAL NUMBER OF BIRTHS 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 any more children? b) Did you want to have a baby later on or did you not want any children?	LATER ..... 1 NO MORE/NONE ..... 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES ..... 1 NO ..... 2	→ 239
231	When did the last such pregnancy end?	MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
232	CHECK 231:  LAST PREGNANCY ENDED IN 2010-2015 <input type="checkbox"/> .....  LAST PREGNANCY ENDED IN 2009 OR EARLIER <input type="checkbox"/> .....		→ 234  → 239

**SECTION 2. REPRODUCTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
LINE NO.	233 In what month and year did that pregnancy end?	234 How many months pregnant were you when that pregnancy ended?	235 Since January 2010, have you had any other pregnancies that did not result in a live birth?	
01		<div><div></div><div></div></div> NUMBER OF MONTHS	YES ..... 1 NO ..... 2	→ NEXT LINE → 236
02	<div><div></div><div></div></div> MONTH <div><div></div><div></div><div></div><div></div></div> YEAR	<div><div></div><div></div></div> NUMBER OF MONTHS	YES ..... 1 NO ..... 2	→ NEXT LINE → 236
03	<div><div></div><div></div></div> MONTH <div><div></div><div></div><div></div><div></div></div> YEAR	<div><div></div><div></div></div> NUMBER OF MONTHS	YES ..... 1 NO ..... 2	→ NEXT LINE → 236
04	<div><div></div><div></div></div> MONTH <div><div></div><div></div><div></div><div></div></div> YEAR	<div><div></div><div></div></div> NUMBER OF MONTHS	YES ..... 1 NO ..... 2	→ 236
236	<b>C</b> FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2010-2015 OR LATER, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.  IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.			
237	Did you have any miscarriages, abortions or stillbirths that ended before 2010?	YES ..... 1 NO ..... 2		→ 239
238	When did the last such pregnancy that terminated before 2010 end?	MONTH ..... <div><div></div><div></div></div> YEAR ..... <div><div></div><div></div><div></div><div></div></div>		
239	When did your last menstrual period start?  _____ (DATE, IF GIVEN)	DAYS AGO ..... 1 <div><div></div><div></div></div> WEEKS AGO ..... 2 <div><div></div><div></div><div></div><div></div></div> MONTHS AGO ..... 3 <div><div></div><div></div><div></div><div></div></div> YEARS AGO ..... 4 <div><div></div><div></div><div></div><div></div></div> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ..... 994 BEFORE LAST BIRTH ..... 995 NEVER MENSTRUATED ..... 996		
240	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		→ 242

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2
03	IUCD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2
07	Male Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2
09	Emergency Contraception (Morning-after pill). PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES ..... 1 NO ..... 2
10	Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES ..... 1 NO ..... 2
11	Rhythm Method (Safe days). PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES ..... 1 NO ..... 2
12	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD  _____ 1 (SPECIFY) YES, TRADITIONAL METHOD  _____ 2 (SPECIFY) NO ..... 3

### SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 226:  NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/>	→ 312
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 312
304	Which method are you using?  RECORD ALL MENTIONED.  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B IUCD ..... C INJECTABLES ..... D IMPLANTS ..... E PILL ..... F MALE CONDOM ..... G FEMALE CONDOM ..... H EMERGENCY CONTRACEPTION ..... I LACTATIONAL AMEN. METHOD ..... J RHYTHM METHOD ..... K WITHDRAWAL ..... L OTHER MODERN METHOD ..... X OTHER TRADITIONAL METHOD ..... Y	→ 307 → 309 → 306 → 309
305	What is the brand name of the pills you are using?  IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	OVRETTE SECURE ..... 01 LO-FEMENAL CONTROL ..... 02 MICRONOR ..... 03 MICRONOVUM ..... 04 MARVELLON ..... 05 DUOFEM ..... 06 EXLUTON ..... 07 TRINODIAL ..... 08  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	→ 309
306	What is the brand name of the condoms you are using?  IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	<b>MALE CONDOMS</b> PROTECTOR PLUS ..... 01 PANTHER (PUBLIC SECTOR) ..... 02 CAREX CHOICE ASSORTED ..... 03 DUREX ..... 04 VIBE ..... 05 ECSTASY ..... 06 CASANOVA ..... 07 MOODS ..... 08 <b>FEMALE CONDOMS</b> CARE ..... 11 FC ..... 12 FEMIDOM ..... 13  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	→ 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><b>PUBLIC SECTOR</b></p> <p>CENTRAL HOSPITAL ..... 11</p> <p>PROVINCIAL HOSPITAL ..... 12</p> <p>DISTRICT HOSPITAL ..... 13</p> <p>ZNFPC CLINIC ..... 14</p> <p>OTHER PUBLIC SECTOR ..... 15</p> <p align="center">(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC ..... 21</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 31</p> <p>PRIVATE DOCTOR'S OFFICE ..... 32</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 36</p> <p align="center">(SPECIFY)</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>							
308	<p>In what month and year was the sterilization performed?</p>	<p>MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table></p>							<div style="border: 1px solid black; padding: 2px;"> <p>→ 310</p> </div>
309	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></p> <p>YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table></p>							
310	<p>CHECK 308 AND 309, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308 OR 309</p> <p>NO <input type="checkbox"/></p> <p align="center">GO BACK TO 308 OR 309, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p> <p align="right">YES <input type="checkbox"/></p>								

**SECTION 3. CONTRACEPTION (CAPI OPTION) (10)**

311	<p>CHECK 308 AND 309:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p align="center">YEAR IS 2010-2015 <input type="checkbox"/></p> <p><b>C</b> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p align="center">THEN CONTINUE ↓</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p align="center">YEAR IS 2009 OR EARLIER <input type="checkbox"/></p> <p><b>C</b> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2010 .</p> <p align="center">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><b>C</b> USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2010. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p>			
		COLUMN 1	COLUMN 2	COLUMN 3
312A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	<p>MONTH <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p><input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p align="center">YEAR</p>	<p>MONTH <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p><input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p align="center">YEAR</p>	<p>MONTH <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p><input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p align="center">YEAR</p>
312B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="right">(SKIP TO 312I) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="right">(SKIP TO 312I) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="right">(SKIP TO 312I) ←</p>
312C	Which method was that?	METHOD CODE .. <input style="width: 30px; border: 1px solid black;" type="text"/>	METHOD CODE .. <input style="width: 30px; border: 1px solid black;" type="text"/>	METHOD CODE .. <input style="width: 30px; border: 1px solid black;" type="text"/>
312D	<p>How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)?</p> <p>RECORD '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.</p>	<p>IMMEDIATELY ..... 00</p> <p>MONTHS .. <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p align="right">(SKIP TO 312F) ←</p> <p>DATE GIVEN ..... 95</p>	<p>IMMEDIATELY ..... 00</p> <p>MONTHS .. <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p align="right">(SKIP TO 312F) ←</p> <p>DATE GIVEN ..... 95</p>	<p>IMMEDIATELY ..... 00</p> <p>MONTHS .. <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p align="right">(SKIP TO 312F) ←</p> <p>DATE GIVEN ..... 95</p>
312E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	<p>MONTH <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p><input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p align="center">YEAR</p>	<p>MONTH <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p><input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p align="center">YEAR</p>	<p>MONTH <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p><input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p align="center">YEAR</p>
312F	<p>For how many months did you use (METHOD)?</p> <p>RECORD '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.</p>	<p>MONTHS .. <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p align="right">(SKIP TO 312H) ←</p> <p>DATE GIVEN ..... 95</p>	<p>MONTHS .. <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p align="right">(SKIP TO 312H) ←</p> <p>DATE GIVEN ..... 95</p>	<p>MONTHS .. <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p align="right">(SKIP TO 312H) ←</p> <p>DATE GIVEN ..... 95</p>
312G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	<p>MONTH <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p><input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p align="center">YEAR</p>	<p>MONTH <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p><input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p align="center">YEAR</p>	<p>MONTH <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p><input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p align="center">YEAR</p>
312H	Why did you stop using (METHOD)?	REASON STOPPED ..... <input style="width: 30px; border: 1px solid black;" type="text"/>	REASON STOPPED ..... <input style="width: 30px; border: 1px solid black;" type="text"/>	REASON STOPPED ..... <input style="width: 30px; border: 1px solid black;" type="text"/>
312I		GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.	GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.	GO BACK TO 312A IN NEW QUESTIONNAIRE; OR, IF NO MORE GAPS, GO TO 313.

**SECTION 3. CONTRACEPTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH  NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		→ 315
314	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 326
315	CHECK 304:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED ..... 00 FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 IUCD ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 PILL ..... 06 MALE CONDOM ..... 07 FEMALE CONDOM ..... 08 EMERGENCY CONTRACEPTION ..... 09 LACTATIONAL AMEN. METHOD ..... 10 RHYTHM METHOD ..... 11 WITHDRAWAL ..... 12 OTHER MODERN METHOD ..... 95 OTHER TRADITIONAL METHOD ..... 96	→ 326 → 319 → 327         → 323
316	You first started using (CURRENT METHOD) in (DATE FROM 308 OR 309). Where did you get it at that time?         PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL ..... 11 RURAL HEALTH CENTRE ..... 12 MUNICIPAL CLINIC ..... 13 ZNFPCLINIC ..... 14 ZNFPCLINIC CBD/DEPOT HOLDER ..... 15 VILLAGE HEALTH WORKER ..... 16 MOHCC MOBILE CLINIC ..... 17 OTHER PUBLIC SECTOR ..... _____ 18 (SPECIFY)  MISSION HOSPITAL ..... 21  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... 31 PHARMACY ..... 32 PRIVATE DOCTOR ..... 33 CBD ..... 34 PRIVATE OUTREACH CLINIC ..... 35 OTHER PRIVATE MEDICAL SECTOR ..... _____ 36 (SPECIFY)  <b>RETAIL</b> GENERAL DEALER ..... 41 SUPERMARKET/TUCK SHOP ..... 42 SERVICE STATION ..... 43 BOTTLE STORE/BAR ..... 44 OTHER RETAIL ..... _____ 45 (SPECIFY)  <b>OTHER SOURCE</b> CHURCH ..... 51 FRIEND/RELATIVE ..... 52 PUBLIC TOILET ..... 53 STREET VENDOR ..... 54 WORKPLACE ..... 55  OTHER ..... 96 (SPECIFY)	



SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317	CHECK 304:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUCD ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 PILL ..... 06 MALE CONDOM ..... 07 FEMALE CONDOM ..... 08 EMERGENCY CONTRACEPTION ..... 09 OTHER MODERN METHOD ..... 95 OTHER TRADITIONAL METHOD ..... 96	→ 323 → 322 → 323
318	At that time, were you told about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	→ 321 → 320
319	When you got sterilized, were you told about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	→ 321
320	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	→ 322
321	Were you told what to do if you experienced side effects or problems?	YES ..... 1 NO ..... 2	
322	CHECK 318 AND 319:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">             ANY <input type="checkbox"/> YES' ↓           </div> <div style="text-align: center;">             OTHER <input type="checkbox"/> ↓           </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             a) At that time, were you told about other methods of family planning that you could use?           </div> <div style="width: 45%;">             b) When you obtained (CURRENT METHOD FROM 315) from (SOURCE OF METHOD FROM 307 OR 316), were you told about other methods of family planning that you could use?           </div> </div>	YES ..... 1 NO ..... 2	→ 324
323	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES ..... 1 NO ..... 2	
324	CHECK 304:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 IUCD ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 PILL ..... 06 MALE CONDOM ..... 07 FEMALE CONDOM ..... 08 EMERGENCY CONTRACEPTION ..... 09 LACTATIONAL AMEN. METHOD ..... 10 RHYTHM METHOD ..... 11 WITHDRAWAL ..... 12 OTHER MODERN METHOD ..... 95 OTHER TRADITIONAL METHOD ..... 96	→ 327 → 327 → 327

**SECTION 3. CONTRACEPTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL ..... 11</p> <p>RURAL HEALTH CENTRE ..... 12</p> <p>MUNICIPAL CLINIC ..... 13</p> <p>ZNFPCLINIC ..... 14</p> <p>ZNFPCLINIC CBD/DEPOT HOLDER ..... 15</p> <p>VILLAGE HEALTH WORKER ..... 16</p> <p>MOHCC MOBILE CLINIC ..... 17</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 18</p> <p align="center">(SPECIFY)</p> <p>MISSION HOSPITAL ..... 21</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 31</p> <p>PHARMACY ..... 32</p> <p>PRIVATE DOCTOR ..... 33</p> <p>CBD ..... 34</p> <p>PRIVATE OUTREACH CLINIC ..... 35</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p><b>RETAIL</b></p> <p>GENERAL DEALER ..... 41</p> <p>SUPERMARKET/TUCK SHOP ..... 42</p> <p>SERVICE STATION ..... 43</p> <p>BOTTLE STORE/BAR ..... 44</p> <p>OTHER RETAIL</p> <p>_____ 45</p> <p align="center">(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>CHURCH ..... 51</p> <p>FRIEND/RELATIVE ..... 52</p> <p>PUBLIC TOILET ..... 53</p> <p>STREET VENDOR ..... 54</p> <p>WORKPLACE ..... 55</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 327</p>
326	Do you know of a place where you can obtain a method of family planning?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
327	In the last 12 months, 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>YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>a) In the last 12 months, have you visited a health facility for care for yourself or your children?</p> <p>b) In the last 12 months, have you visited a health facility for care for yourself?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 401
330	Did any staff member at the health facility speak to you about family planning methods?	<p>YES ..... 1</p> <p>NO ..... 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224:  <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">ONE OR MORE BIRTHS IN 2010-2015 <input type="checkbox"/></div> <div style="text-align: center;">NO BIRTHS IN <input type="checkbox"/> 2010-2015</div> <div style="text-align: right;">→ 648</div> </div>
402	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2010-2015. 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	<div style="display: flex;"> <div style="flex: 1;">BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.</div> <div style="flex: 1; text-align: center;"> <b>LAST BIRTH</b>            BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/> </div> <div style="flex: 1; text-align: center;"> <b>NEXT-TO-LAST BIRTH</b>            BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/> </div> </div>
404	<div style="display: flex;"> <div style="flex: 1;">FROM 212 AND 216:</div> <div style="flex: 1; text-align: center;"> <b>NAME</b> _____            LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> </div> <div style="flex: 1; text-align: center;"> <b>NAME</b> _____            LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> </div> </div>
405	<div style="display: flex;"> <div style="flex: 1;">When you got pregnant with (NAME), did you want to get pregnant at that time?</div> <div style="flex: 1; text-align: right;">           YES ..... 1            (SKIP TO 408) ←            NO ..... 2         </div> <div style="flex: 1; text-align: right;">           YES ..... 1            (SKIP TO 426) ←            NO ..... 2         </div> </div>
406	<div style="display: flex;"> <div style="flex: 1;">           CHECK 208:   <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">             ONLY ONE BIRTH <input type="checkbox"/> </div> <div style="text-align: center;">             MORE THAN ONE BIRTH <input type="checkbox"/> </div> </div> <div style="display: flex;"> <div style="flex: 1;">a) Did you want to have a baby later on, or did you not want any children?</div> <div style="flex: 1;">b) Did you want to have a baby later on, or did you not want any more children?</div> </div> </div> <div style="flex: 1; text-align: right;">           LATER ..... 1            NO MORE/NONE ..... 2            (SKIP TO 408) ←         </div> <div style="flex: 1; text-align: right;">           LATER ..... 1            NO MORE/NONE ..... 2            (SKIP TO 426) ←         </div> </div>
407	<div style="display: flex;"> <div style="flex: 1;">How much longer did you want to wait?</div> <div style="flex: 1; text-align: right;">           MONTHS ..... 1 <input type="text"/> <input type="text"/>            YEARS ..... 2 <input type="text"/> <input type="text"/>            DON'T KNOW ..... 998         </div> <div style="flex: 1; text-align: right;">           MONTHS ..... 1 <input type="text"/> <input type="text"/>            YEARS ..... 2 <input type="text"/> <input type="text"/>            DON'T KNOW ..... 998         </div> </div>
408	<div style="display: flex;"> <div style="flex: 1;">Did you see anyone for antenatal care for this pregnancy?</div> <div style="flex: 1; text-align: right;">           YES ..... 1            NO ..... 2            (SKIP TO 414) ←         </div> </div>
409	<div style="display: flex;"> <div style="flex: 1;">           Whom did you see?             Anyone else?             PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.         </div> <div style="flex: 1;"> <b>HEALTH PERSONNEL</b>            DOCTOR ..... A            NURSE ..... B            NURSE MIDWIFE ..... C   <b>OTHER PERSON</b>            TRADITIONAL BIRTH ATTENDANT ..... D            VILLAGE HEALTH WORKER ..... E             OTHER _____ X            (SPECIFY)         </div> </div>

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p><b>HOME</b></p> <p>HER HOME ..... A</p> <p>OTHER HOME ..... B</p> <p><b>PUBLIC SECTOR</b></p> <p>CENTRAL HOSPITAL ..... C</p> <p>PROVINCIAL HOSPITAL .. D</p> <p>DISTRICT HOSPITAL..... E</p> <p>RURAL HOSPITAL ..... F</p> <p>URBAN MUNICIPAL CLINIC ..... G</p> <p>RURAL HEALTH CENTRE ..... H</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ I</p> <p align="center">(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC .. J</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... K</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ L</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>													
411	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>													
412	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>													
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>a) Was your blood pressure measured?</p> <p>b) Did you give a urine sample?</p> <p>c) Did you give a blood sample?</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) BP .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) URINE .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) BLOOD .....</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	a) BP .....	1	2	b) URINE .....	1	2	c) BLOOD .....	1	2	
	YES	NO													
a) BP .....	1	2													
b) URINE .....	1	2													
c) BLOOD .....	1	2													
414	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="center">(SKIP TO 417) ←</p> <p>DON'T KNOW ..... 8</p>													
415	<p>During this pregnancy, how many times did you get a tetanus injection?</p>	<p>TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>													
416	<p>CHECK 415: TETANUS INJECTIONS</p>	<p>2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p align="center">(SKIP TO 420) ←</p>													
417	<p>At any time before this pregnancy, did you receive any tetanus injections?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="center">(SKIP TO 420) ←</p> <p>DON'T KNOW ..... 8</p>													

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
418	Before this pregnancy, how many times did you receive a tetanus injection?  IF 7 OR MORE TIMES, RECORD '7'.	TIMES ..... <input type="text"/>  DON'T KNOW ..... 8	
419	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO ..... <input type="text"/> <input type="text"/>	
420	During this pregnancy, were you given or did you buy any iron and folic acid (IFA) tablets?  SHOW TABLETS.	YES ..... 1 NO ..... 2 (SKIP TO 421A) ← DON'T KNOW ..... 8	
421	During the whole pregnancy, for how many days did you take the IFA tablets?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF	DAYS ..... <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW ..... 998	
421A	During this pregnancy, were you given or did you buy any folate tablets?  SHOW TABLETS.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
421B	CHECK 420 AND 421A:	AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/> (SKIP TO 422) ←	
421C	Where did you get most of the IFA or folate tablets from?  IF HEALTH FACILITY, ASK: During an antenatal care visit or another visit?	<b>HEALTH FACILITY</b> ANC VISIT ..... 1 ANOTHER VISIT ..... 2  PHARMACY ..... 3 CHW ..... 4 OTHER ..... 6 _____ (SPECIFY)	
421D	Did you mainly purchase these tablets or receive free of charge?	PURCHASED ..... 1 FREE ..... 2 DON'T KNOW ..... 8	
422	During this pregnancy, did you take any medicine for intestinal worms?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
426	When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small?	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8
427	Was (NAME) weighed at birth?	YES ..... 1 NO ..... 2 (SKIP TO 429) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 429) ← DON'T KNOW ..... 8

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
428	<p>How much did (NAME) weigh?</p>  <p>RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.</p>	<p>KG FROM CARD</p> <p>1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 99998</p>	<p>KG FROM CARD</p> <p>1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 99998</p>
429	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p>  <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p>  <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... A</p> <p>NURSE ..... B</p> <p>NURSE MIDWIFE ..... C</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH</p> <p>ATTENDANT ..... C</p> <p>RELATIVE/FRIEND ..... D</p> <p>VILLAGE HEALTH WORKER ..... E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED ..... Y</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... A</p> <p>NURSE ..... B</p> <p>NURSE MIDWIFE ..... C</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH</p> <p>ATTENDANT ..... C</p> <p>RELATIVE/FRIEND ..... D</p> <p>VILLAGE HEALTH WORKER ..... E</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><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>(SKIP TO 449) ←</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>CENTRAL HOSPITAL ..... 21</p> <p>PROVINCIAL HOSPITAL .. 22</p> <p>DISTRICT HOSPITAL ..... 23</p> <p>RURAL HOSPITAL ..... 24</p> <p>URBAN MUNICIPAL CLINIC ..... 25</p> <p>RURAL HEALTH CENTRE ..... 26</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 27</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC .. 31</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 41</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 46</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY) (SKIP TO 449) ←</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>(SKIP TO 459) ←</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>CENTRAL HOSPITAL ..... 21</p> <p>PROVINCIAL HOSPITAL .. 22</p> <p>DISTRICT HOSPITAL ..... 23</p> <p>RURAL HOSPITAL ..... 24</p> <p>URBAN MUNICIPAL CLINIC ..... 25</p> <p>RURAL HEALTH CENTRE ..... 26</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 27</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC .. 31</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 41</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 46</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY) (SKIP TO 459) ←</p>

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																		
431	How long after (NAME) was delivered did you stay there?  IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ..... 998																			
432	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES ..... 1 NO ..... 2 (SKIP TO 434) ←	YES ..... 1 NO ..... 2 (SKIP TO 434) ←																		
433	When was the decision made to have the caesarean section? Was it before or after your labor pains started?	BEFORE ..... 1 AFTER ..... 2	BEFORE ..... 1 AFTER ..... 2																		
434	Immediately after the birth, was (NAME) put directly on the bare skin of your chest?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																		
435	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES ..... 1 NO ..... 2 (SKIP TO 438) ←																			
436	How long after delivery did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ..... 998																			
437	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE ..... 12 NURSE MIDWIFE ..... 13  <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... 21 VILLAGE HEALTH WORKER ..... 22  OTHER ..... 96 (SPECIFY)																			
438	Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the facility?	YES ..... 1 NO ..... 2 (SKIP TO 441) ← DON'T KNOW ..... 8																			

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
439	<p>How long after delivery was (NAME)'s health first checked?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS ..... 1 <table border="1" data-bbox="906 253 1037 304"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS ..... 2 <table border="1" data-bbox="906 304 1037 356"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS ..... 3 <table border="1" data-bbox="906 356 1037 407"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ..... 998</p>													
440	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b>  DOCTOR ..... 11  NURSE ..... 12  NURSE MIDWIFE ..... 13</p> <p><b>OTHER PERSON</b>  TRADITIONAL BIRTH  ATTENDANT ..... 21  VILLAGE HEALTH  WORKER ..... 22</p> <p>OTHER ..... 96  (SPECIFY)</p>													
441	<p>Now I want to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?</p>	<p>YES ..... 1  NO ..... 2  (SKIP TO 445) ←</p>													
442	<p>How long after delivery did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS ..... 1 <table border="1" data-bbox="906 1003 1037 1055"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS ..... 2 <table border="1" data-bbox="906 1055 1037 1106"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS ..... 3 <table border="1" data-bbox="906 1106 1037 1158"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ..... 998</p>													
443	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b>  DOCTOR ..... 11  NURSE ..... 12  NURSE MIDWIFE ..... 13</p> <p><b>OTHER PERSON</b>  TRADITIONAL BIRTH  ATTENDANT ..... 21  VILLAGE HEALTH  WORKER ..... 22</p> <p>OTHER ..... 96  (SPECIFY)</p>													



**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH 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 align="center">(NAME OF PLACE)</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>CENTRAL HOSPITAL ..... 21</p> <p>PROVINCIAL HOSPITAL .. 22</p> <p>DISTRICT HOSPITAL ..... 23</p> <p>RURAL HOSPITAL ..... 24</p> <p>URBAN MUNICIPAL CLINIC ..... 25</p> <p>RURAL HEALTH CENTRE ..... 26</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 27</p> <p align="center">(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC .. 31</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 41</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 46</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(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 align="center">(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>DAYS ..... 2</p> <p>WEEKS ..... 3</p> <p>DON'T KNOW ..... 998</p>	
447	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... 11</p> <p>NURSE ..... 12</p> <p>NURSE MIDWIFE ..... 13</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... 21</p> <p>VILLAGE HEALTH WORKER ..... 22</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH 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 align="center">(NAME OF PLACE)</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>CENTRAL HOSPITAL ..... 21</p> <p>PROVINCIAL HOSPITAL .. 22</p> <p>DISTRICT HOSPITAL ..... 23</p> <p>RURAL HOSPITAL ..... 24</p> <p>URBAN MUNICIPAL CLINIC ..... 25</p> <p>RURAL HEALTH CENTRE ..... 26</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 27</p> <p align="center">(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC .. 31</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 41</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 46</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p align="center">(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 align="center">(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;</p> <p>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>	
451	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... 11</p> <p>NURSE ..... 12</p> <p>NURSE MIDWIFE ..... 13</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... 21</p> <p>VILLAGE HEALTH WORKER ..... 22</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH 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 align="center">(NAME OF PLACE)</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>CENTRAL HOSPITAL ..... 21</p> <p>PROVINCIAL HOSPITAL ..... 22</p> <p>DISTRICT HOSPITAL ..... 23</p> <p>RURAL HOSPITAL ..... 24</p> <p>URBAN MUNICIPAL CLINIC ..... 25</p> <p>RURAL HEALTH CENTRE ..... 26</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 27</p> <p align="center">(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC .. 31</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 41</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 46</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(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 align="center">(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;</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS AFTER BIRTH ..... 1</p> <p>DAYS AFTER BIRTH ..... 2</p> <p>WEEKS AFTER BIRTH ..... 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><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... 11</p> <p>NURSE ..... 12</p> <p>NURSE MIDWIFE ..... 13</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... 21</p> <p>VILLAGE HEALTH WORKER ..... 22</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH 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>_____</p> <p align="center">(NAME OF PLACE)</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>CENTRAL HOSPITAL ..... 21</p> <p>PROVINCIAL HOSPITAL .. 22</p> <p>DISTRICT HOSPITAL ..... 23</p> <p>RURAL HOSPITAL ..... 24</p> <p>URBAN MUNICIPAL CLINIC ..... 25</p> <p>RURAL HEALTH CENTRE ..... 26</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 27</p> <p align="center">(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC .. 31</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 41</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 46</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>																									
457	<p>During the first two days after (NAME)'s birth, did any health care provider do the following:</p> <p>a) Examine the cord?</p> <p>b) Measure (NAME)'s temperature?</p> <p>c) Counsel you on danger signs for newborns?</p> <p>d) Counsel you on breastfeeding?</p> <p>e) Observe (NAME) 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-FEED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) OBSERVE BREAST-FEED</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) CORD.....	1	2	8	b) TEMP. ....	1	2	8	c) SIGNS ....	1	2	8	d) COUNSEL BREAST-FEED	1	2	8	e) OBSERVE BREAST-FEED	1	2	8	
	YES	NO	DK																								
a) CORD.....	1	2	8																								
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c) SIGNS ....	1	2	8																								
d) COUNSEL BREAST-FEED	1	2	8																								
e) OBSERVE BREAST-FEED	1	2	8																								
458	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES ..... 1</p> <p align="center">(SKIP TO 460) ←</p> <p>NO ..... 2</p> <p align="center">(SKIP TO 461) ←</p>																									
459	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>		<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="center">(SKIP TO 463) ←</p>																								
460	<p>For how many months after the birth of (NAME) did you not have a period?</p>	<p>MONTHS ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	<p>MONTHS ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>																								

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
461	CHECK 226: IS RESPONDENT PREGNANT?	<div> NOT PREGNANT <input type="checkbox"/>  ↓ </div> <div> PREGNANT OR UNSURE <input type="checkbox"/>  (SKIP TO 463) ← </div>	
462	Have you had sexual intercourse since the birth of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 464) ←	
463	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
464	Did you ever breastfeed (NAME)?	YES ..... 1 (SKIP TO 466) ← NO ..... 2	YES ..... 1 NO ..... 2
465	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 470) ← (GO 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	
468	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 471) ←	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO 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 2012-2015? ONE OR MORE BIRTHS IN 2012-2015 <input type="checkbox"/> NO BIRTHS IN 2012-2015 <input type="checkbox"/>		601																																																												
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2012-2015.  NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>																																																														
503A	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		501B																																																												
504A	Do you have a child health card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD ..... 1 YES, HAS ONLY AN OTHER DOCUMENT ..... 2 YES, HAS CARD AND OTHER DOCUMENT ..... 3 NO, NO CARD AND NO OTHER DOCUMENT ..... 4	507A 507A																																																												
505A	Did you ever have a vaccination card for (NAME)?	YES ..... 1 NO ..... 2																																																													
506A	CHECK 504A: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		511A																																																												
507A	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN ..... 1 YES, ONLY OTHER DOCUMENT SEEN ..... 2 YES, CARD AND OTHER DOCUMENT SEEN ..... 3 NO CARD AND NO OTHER DOCUMENT SEEN ..... 4	511A																																																												
508A	<p>COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1"> <thead> <tr> <th></th><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 1</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 2</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 3</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 1</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 2</td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td></tr> </tbody> </table>				DAY	MONTH	YEAR	BCG				ORAL POLIO VACCINE (OPV) 1				ORAL POLIO VACCINE (OPV) 2				ORAL POLIO VACCINE (OPV) 3				DPT-HEP.B-HIB (PENTAVALENT) 1				DPT-HEP.B-HIB (PENTAVALENT) 2				DPT-HEP.B-HIB (PENTAVALENT) 3				PNEUMOCOCCAL 1				PNEUMOCOCCAL 2				PNEUMOCOCCAL 3				ROTAVIRUS 1				ROTAVIRUS 2				MEASLES				VITAMIN A (MOST RECENT)			
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509A	CHECK 508A: 'BCG' TO 'MEASLES' ALL RECORDED? NO <input type="checkbox"/> YES <input type="checkbox"/>		526A																																																												

**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"/>	
510A	In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?  RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 507A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES ..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A) (THEN SKIP TO 526A) NO ..... 2 DON'T KNOW ..... 8	→ 526A
511A	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 526A
512A	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
514A	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 517A
515A	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS ..... 1 LATER ..... 2	
516A	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
517A	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 519A
518A	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
519A	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 521A
520A	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
521A	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 523A
522A	How many times did (NAME) receive the rotavirus 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	→ 526A
524A	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
526A	CONTINUE WITH 501B.		

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																												
501B	CHECK 215 IN THE BIRTH HISTORY: ANY MORE BIRTHS IN 2012-2015? MORE BIRTHS IN 2012-2015 <input type="checkbox"/> NO MORE BIRTHS IN 2012-2015 <input type="checkbox"/>		601																																																												
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2012-2015. 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 A CARD ..... 1 YES, HAS ONLY AN OTHER DOCUMENT ..... 2 YES, HAS CARD AND OTHER DOCUMENT ..... 3 NO, NO CARD AND NO OTHER DOCUMENT ..... 4	507B 507B																																																												
505B	Did you ever have a vaccination card for (NAME)?	YES ..... 1 NO ..... 2																																																													
506B	CHECK 504B: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		511B																																																												
507B	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN ..... 1 YES, ONLY OTHER DOCUMENT SEEN ..... 2 YES, CARD AND OTHER DOCUMENT SEEN ..... 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4	511B																																																												
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509B	CHECK 508B: 'BCG' TO 'MEASLES' ALL RECORDED? NO <input type="checkbox"/> YES <input type="checkbox"/>		526B																																																												



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"/>	
510B	In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?  RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 507B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES ..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 507A) (THEN SKIP TO 524B) NO ..... 2 DON'T KNOW ..... 8	→ 526B
511B	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 526B
512B	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
514B	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 517B
515B	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS ..... 1 LATER ..... 2	
516B	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
517B	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 519B
518B	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
519B	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 521B
520B	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
521B	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 523B
522B	How many times did (NAME) receive the rotavirus 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	→ 526B
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 2012-2015?  <div style="display: flex; justify-content: space-around;"> <div> MORE BIRTHS IN 2012-2015 <input type="checkbox"/>  (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE) </div> <div> NO MORE BIRTHS IN 2012-2015 <input type="checkbox"/> → 601 </div> </div>		

SECTION 6. CHILD HEALTH AND NUTRITION

601	CHECK 224:  <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">                     ONE OR MORE BIRTHS IN 2010-2015 <input type="checkbox"/> </div> <div style="text-align: center;">                     NO BIRTHS IN 2010-2015 <input type="checkbox"/> </div> <div style="text-align: right;">→ 648</div> </div>		
602	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2010-2015. 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 style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	NEXT-TO-LAST BIRTH  BIRTH HISTORY NUMBER ..... <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
604	FROM 212 AND 216:	NAME .....  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">                     LIVING <input type="checkbox"/> </div> <div style="text-align: center;">                     DEAD <input type="checkbox"/> </div> </div> <div style="text-align: right;">(SKIP TO 646) ←</div>	NAME .....  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">                     LIVING <input type="checkbox"/> </div> <div style="text-align: center;">                     DEAD <input type="checkbox"/> </div> </div> <div style="text-align: right;">(SKIP TO 646) ←</div>
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 ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
607	Was (NAME) given any medicine for intestinal worms in the last six months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
608	Has (NAME) had diarrhea in the last 2 weeks?	YES ..... 1 NO ..... 2 <div style="text-align: right;">(SKIP TO 618) ←</div> DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 <div style="text-align: right;">(SKIP TO 618) ←</div> DON'T KNOW ..... 8
609	CHECK 464: EVER BREASTFED?  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">                     YES <input type="checkbox"/>                       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?                       IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?                 </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;">                     NO <input type="checkbox"/>                       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?                       IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?                 </div> </div>		
		MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8

**SECTION 6. CHILD HEALTH AND NUTRITION**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
610	When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat?  IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ..... 5 NEVER GAVE FOOD ..... 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ..... 5 NEVER GAVE FOOD ..... 6 DON'T KNOW ..... 8
611	Did you seek advice or treatment for the diarrhea from any source?	YES ..... 1 NO ..... 2 (SKIP TO 615) ←	YES ..... 1 NO ..... 2 (SKIP TO 615) ←
612	Where did you seek advice or treatment?  Anywhere else?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).  _____ (NAME OF PLACE(S))	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL ..... A RURAL HEALTH CENTRE .. B MUNICIPAL CLINIC ..... C ZNFPCLINIC ..... D ZNFPCLINIC CBD/DEPOT HOLDER E VILLAGE HEALTH WORKER F MOHCC MOBILE CLINIC .. G OTHER PUBLIC SECTOR  _____ H (SPECIFY)  MISSION HOSPITAL ..... I  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC J PHARMACY ..... K PRIVATE DOCTOR ..... L CBD ..... M PRIVATE OUTREACH CLINIC ..... N OTHER PRIVATE MEDICAL SECTOR  _____ O (SPECIFY)  <b>RETAIL</b> GENERAL DEALER ..... P SUPERMARKET ..... Q TUCK SHOP ..... R SERVICE STATION ..... S BOTTLE STORE/BAR ..... T OTHER RETAIL  _____ U (SPECIFY)  <b>OTHER SOURCE</b> CHURCH ..... V FRIEND/RELATIVE ..... W  OTHER _____ X (SPECIFY)	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL ..... A RURAL HEALTH CENTRE .. B MUNICIPAL CLINIC ..... C ZNFPCLINIC ..... D ZNFPCLINIC CBD/DEPOT HOLDER E VILLAGE HEALTH WORKER F MOHCC MOBILE CLINIC .. G OTHER PUBLIC SECTOR  _____ H (SPECIFY)  MISSION HOSPITAL ..... I  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC J PHARMACY ..... K PRIVATE DOCTOR ..... L CBD ..... M PRIVATE OUTREACH CLINIC ..... N OTHER PRIVATE MEDICAL SECTOR  _____ O (SPECIFY)  <b>RETAIL</b> GENERAL DEALER ..... P SUPERMARKET ..... Q TUCK SHOP ..... R SERVICE STATION ..... S BOTTLE STORE/BAR ..... T OTHER RETAIL  _____ U (SPECIFY)  <b>OTHER SOURCE</b> CHURCH ..... V FRIEND/RELATIVE ..... W  OTHER _____ X (SPECIFY)
613	CHECK 612:	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED ↓ (SKIP TO 615) ←	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED ↓ (SKIP TO 615) ←
614	Where did you first seek advice or treatment?  USE LETTER CODE FROM 612.	FIRST PLACE ..... <input type="text"/>	FIRST PLACE ..... <input type="text"/>

## SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
615	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:</p> <p>a) A fluid made from a special packet called an ORS sachet?</p> <p>b) A pre-packaged ORS liquid?</p> <p>c) A homemade sugar-salt-water solution (SSS)?</p> <p>d) Zinc tablets or syrup?</p>	<p>YES NO DK</p> <p>a) FLUID FROM ORS PACKET .. 1 2 8</p> <p>b) ORS LIQUID .. 1 2 8</p> <p>c) HOMEMADE FLUID ..... 1 2 8</p> <p>d) ZINC ..... 1 2 8</p>	<p>YES NO DK</p> <p>a) FLUID FROM ORS PACKET .. 1 2 8</p> <p>b) ORS LIQUID .. 1 2 8</p> <p>c) HOMEMADE FLUID ..... 1 2 8</p> <p>d) ZINC ..... 1 2 8</p>
616	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/>      ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>a) Was anything else given to treat the diarrhea?</p> <p>b) Was anything given to treat the diarrhea?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 618) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 618) ←</p> <p>DON'T KNOW ..... 8</p>
617	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/>      ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>a) What else was given to treat the diarrhea?</p> <p>b) What was given to treat the diarrhea?</p> <p>Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p><b>PILL OR SYRUP</b></p> <p>ANTIBIOTIC ..... A</p> <p>ANTIMOTILITY ..... B</p> <p>ZINC ..... C</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) ..... D</p> <p>UNKNOWN PILL OR SYRUP ..... E</p> <p><b>INJECTION</b></p> <p>ANTIBIOTIC ..... F</p> <p>NON-ANTIBIOTIC ..... G</p> <p>UNKNOWN INJECTION ..... H</p> <p>(IV) INTRAVENOUS ..... I</p> <p>HOME REMEDY/ HERBAL MEDICINE ..... G</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p><b>PILL OR SYRUP</b></p> <p>ANTIBIOTIC ..... A</p> <p>ANTIMOTILITY ..... B</p> <p>ZINC ..... C</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) ..... D</p> <p>UNKNOWN PILL OR SYRUP ..... E</p> <p><b>INJECTION</b></p> <p>ANTIBIOTIC ..... F</p> <p>NON-ANTIBIOTIC ..... G</p> <p>UNKNOWN INJECTION ..... H</p> <p>(IV) INTRAVENOUS ..... I</p> <p>HOME REMEDY/ HERBAL MEDICINE ..... G</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 620) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 620) ←</p> <p>DON'T KNOW ..... 8</p>
619	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>
620	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>
621	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 623) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 623) ←</p> <p>DON'T KNOW ..... 8</p>
622	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	<p>CHEST ONLY ..... 1</p> <p>NOSE ONLY ..... 2</p> <p>BOTH ..... 3</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 8</p> <p>(SKIP TO 624) ←</p>	<p>CHEST ONLY ..... 1</p> <p>NOSE ONLY ..... 2</p> <p>BOTH ..... 3</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 8</p> <p>(SKIP TO 624) ←</p>

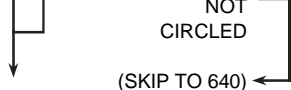
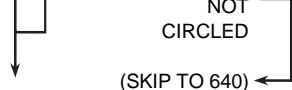
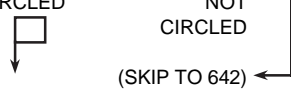
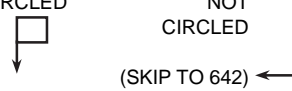
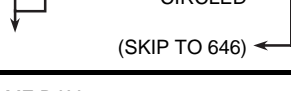
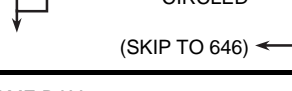
**SECTION 6. CHILD HEALTH AND NUTRITION**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
623	CHECK 618: HAD FEVER?	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) ←
624	Did you seek advice or treatment for the illness from any source?	YES ..... 1 NO ..... 2 (SKIP TO 629) ←	YES ..... 1 NO ..... 2 (SKIP TO 629) ←
625	Where did you seek advice or treatment?  Anywhere else?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).  _____ (NAME OF PLACE(S))	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL ..... A RURAL HEALTH CENTRE .. B MUNICIPAL CLINIC ..... C ZNFPC CLINIC ..... D ZNFPC CBD/DEPOT HOLDER E VILLAGE HEALTH WORKER F MOHCC MOBILE CLINIC .. G OTHER PUBLIC SECTOR  _____ H (SPECIFY)  MISSION HOSPITAL ..... I  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC J PHARMACY ..... K PRIVATE DOCTOR ..... L CBD ..... M PRIVATE OUTREACH CLINIC ..... N OTHER PRIVATE MEDICAL SECTOR  _____ O (SPECIFY)  <b>RETAIL</b> GENERAL DEALER ..... P SUPERMARKET ..... Q TUCK SHOP ..... R SERVICE STATION ..... S BOTTLE STORE/BAR ..... T OTHER RETAIL  _____ U (SPECIFY)  <b>OTHER SOURCE</b> CHURCH ..... V FRIEND/RELATIVE ..... W  OTHER _____ X (SPECIFY)	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL ..... A RURAL HEALTH CENTRE .. B MUNICIPAL CLINIC ..... C ZNFPC CLINIC ..... D ZNFPC CBD/DEPOT HOLDER E VILLAGE HEALTH WORKER F MOHCC MOBILE CLINIC .. G OTHER PUBLIC SECTOR  _____ H (SPECIFY)  MISSION HOSPITAL ..... I  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC J PHARMACY ..... K PRIVATE DOCTOR ..... L CBD ..... M PRIVATE OUTREACH CLINIC ..... N OTHER PRIVATE MEDICAL SECTOR  _____ O (SPECIFY)  <b>RETAIL</b> GENERAL DEALER ..... P SUPERMARKET ..... Q TUCK SHOP ..... R SERVICE STATION ..... S BOTTLE STORE/BAR ..... T OTHER RETAIL  _____ U (SPECIFY)  <b>OTHER SOURCE</b> CHURCH ..... V FRIEND/RELATIVE ..... W  OTHER _____ X (SPECIFY)
626	CHECK 625:	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 628) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 628) ←
627	Where did you first seek advice or treatment?  USE LETTER CODE FROM 625.	FIRST PLACE ..... <input type="checkbox"/>	FIRST PLACE ..... <input type="checkbox"/>
628	How many days after the illness began did you first seek advice or treatment for (NAME)?  IF THE SAME DAY RECORD '00'.	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>

**SECTION 6. CHILD HEALTH AND NUTRITION**

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
629	At any time during the illness, did (NAME) take any medicines 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 medicines did (NAME) take?  Any other medicines?  RECORD ALL MENTIONED.	<b>ANTIMALARIAL DRUGS</b> ARTESUNATE AND LUMAFANTRINE (AL) .. A ARTESUNATE AND AMODIAQUINE (ASAQ) .. B QUININE PILLS WITH DOXYCYCLINE ..... C INJECTION/IV ..... D ARTESUNATE RECTAL ..... E INJECTION/IV ..... F  OTHER ANTIMALARIAL _____ G (SPECIFY)  <b>ANTIBIOTIC DRUGS</b> PILL/SYRUP ..... H INJECTION/IV ..... I  <b>OTHER DRUGS</b> ASPIRIN ..... J ACETAMINOPHEN ..... K IBUPROFEN ..... L  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	<b>ANTIMALARIAL DRUGS</b> ARTESUNATE AND LUMAFANTRINE (AL) .. A ARTESUNATE AND AMODIAQUINE (ASAQ) .. B QUININE PILLS WITH DOXYCYCLINE ..... C INJECTION/IV ..... D ARTESUNATE RECTAL ..... E INJECTION/IV ..... F  OTHER ANTIMALARIAL _____ G (SPECIFY)  <b>ANTIBIOTIC DRUGS</b> PILL/SYRUP ..... H INJECTION/IV ..... I  <b>OTHER DRUGS</b> ASPIRIN ..... J ACETAMINOPHEN ..... K IBUPROFEN ..... L  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z
631	CHECK 630: ANY CODE A-G CIRCLED?	YES ..... NO <input type="checkbox"/> ↓ (SKIP TO 646) ←	YES ..... NO <input type="checkbox"/> ↓ (SKIP TO 646) ←
632	CHECK 630: ARTESUNATE AND LUMAFANTRINE ('A') GIVEN	CODE 'A' CIRCLED ..... CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 634) ←	CODE 'A' CIRCLED ..... CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 634) ←
633	How long after the fever started did (NAME) first take artesunate and lumefantrine (AL)?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8
634	CHECK 630: ARTESUNATE AND AMODIAQUINE ('B') GIVEN	CODE 'B' CIRCLED ..... CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 638) ←	CODE 'B' CIRCLED ..... CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 638) ←
635	How long after the fever started did (NAME) first take artesunate and amodiaquine (ASAQ)?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
638	CHECK 630: QUININE INJECTION OR QUININE PILLS WITH DOXYCYCLINE ('C' OR 'D') GIVEN	CODE 'C' OR 'D'      CODE CIRCLED              C' OR 'D' <input type="checkbox"/> NOT CIRCLED  (SKIP TO 640)	CODE 'C' OR 'D'      CODE CIRCLED              C' OR 'D' <input type="checkbox"/> NOT CIRCLED  (SKIP TO 640)
639	How long after the fever started did (NAME) first take quinine?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8
640	CHECK 630: ARTESUNATE ('E' OR 'F') GIVEN	CODE                      CODE 'E' OR 'F'              'E' OR 'F' <input type="checkbox"/> CIRCLED                      NOT CIRCLED  (SKIP TO 642)	CODE                      CODE 'E' OR 'F'              'E' OR 'F' <input type="checkbox"/> CIRCLED                      NOT CIRCLED  (SKIP TO 642)
641	How long after the fever started did (NAME) first take artesunate?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8
642	CHECK 630: OTHER ANTIMALARIAL ('G') GIVEN	CODE "G"              CODE "G" CIRCLED                      NOT <input type="checkbox"/> CIRCLED  (SKIP TO 646)	CODE "G"              CODE "G" CIRCLED                      NOT <input type="checkbox"/> CIRCLED  (SKIP TO 646)
643	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8
646		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 647.	GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 647.

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
647	CHECK 615(a) AND 615(b), ALL COLUMNS:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <div style="display: flex; align-items: center;"> <input type="checkbox"/> <div style="margin-left: 5px;">↓</div> </div> </div> <div style="text-align: center;"> ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <div style="display: flex; align-items: center;"> <input type="checkbox"/> <div style="margin-left: 5px;">→</div> </div> </div> </div>		649
648	Have you ever heard of a special product called an ORS sachet you can get for the treatment of diarrhea?	YES ..... 1 NO ..... 2	
649	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2013-2015 LIVING WITH THE RESPONDENT  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ONE OR MORE <div style="display: flex; align-items: center;"> <input type="checkbox"/> <div style="margin-left: 5px;">↓</div> </div> </div> <div style="text-align: center;"> NONE <div style="display: flex; align-items: center;"> <input type="checkbox"/> <div style="margin-left: 5px;">→</div> </div> </div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; width: 80%; margin-left: 20px;"></div> <div style="margin-left: 20px;">(NAME OF YOUNGEST CHILD LIVING WITH HER)</div> <div style="margin-left: 20px;">↓</div>		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. Did (NAME FROM 649) drink or eat:				
		YES	NO	DK	
	a) Plain water?	a) ..... 1	2	8	
	b) Juice or juice drinks?	b) ..... 1	2	8	
	c) Clear broth?	c) ..... 1	2	8	
	d) Milk such as tinned, powdered, or fresh animal milk? 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, freezes, fizzy drinks or maheu?	f) ..... 1	2	8	
	g) Yogurt or lacto/sourmilk? IF YES: How many times did (NAME) eat yogurt or lacto/sourmilk? IF 7 OR MORE TIMES, RECORD '7'.	g) ..... 1	2	8	
		NUMBER OF TIMES ATE	<input type="text"/>		
	h) Any Cerelac, Proneutro, or other commercially fortified baby food?	h) ..... 1	2	8	
	i) Sadza, maize, or mealie-meal porridge or gruel, bread, rice, noodles or other foods made from grains?	i) ..... 1	2	8	
	j) Pumpkin, carrots, squash, sweet potatoes, butternuts, or yams 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 such as spinach, pumpkin, covo, nyevhe, or okra leaves?	l) ..... 1	2	8	
	m) Ripe mangoes, paw paw, mazhanje, matunduru, or masawu?	m) ..... 1	2	8	
	n) Any other fruits or vegetables?	n) ..... 1	2	8	
	o) Liver, kidney, heart, or other organ meats?	o) ..... 1	2	8	
	p) Any meat, such as beef, pork, lamb, goat, chicken, duck or game?	p) ..... 1	2	8	
	q) Eggs?	q) ..... 1	2	8	
	r) Fresh, dried or canned fish or matemba?	r) ..... 1	2	8	
	s) Any foods made from beans, sugar beans, cowpeas, other peas, lentils, or nuts, including bambara nuts?	s) ..... 1	2	8	
	t) Cheese or other food made from milk?	t) ..... 1	2	8	
	u) Any insects, such as locust, mopane worms, ishwa harurwa, crickets, or mandere?	u) ..... 1	2	8	
	v) Any other solid, semi-solid, or soft food?	v) ..... 1	2	8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
651	CHECK 650 (CATEGORIES 'g' THROUGH 'v'):  NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/>		653
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 CONTINUE TO 653)  NO ..... 2 DON'T KNOW ..... 8	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	→ 712
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	→ 709
704	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	
705	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME ..... LINE NO. ....	
706	Does your (husband/partner) have other wives or does he live with other women as if married?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 709
707	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ..... DON'T KNOW ..... 98	
708	Are you the first, second, ... wife?	RANK .....	
709	Have you been married or lived with a man only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	
710	CHECK 709:  MARRIED/ LIVED WITH A MAN ONLY ONCE ↓ a) In what month and year did you start living with your (husband/partner)?  MARRIED/ LIVED WITH A MAN MORE THAN ONCE ↓ b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	MONTH ..... DON'T KNOW MONTH ..... 98 YEAR ..... DON'T KNOW YEAR ..... 9998	→ 712
711	How old were you when you first started living with him?	AGE .....	
712	<b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE</b>		
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 ..... WHEN STARTED COHABITTING ..... 95	→ 730A
714	I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?  IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ..... 1 WEEKS AGO ..... 2 MONTHS AGO ..... 3 YEARS AGO ..... 4	→ 716 → 727

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
715	When was the last time you had sexual intercourse with this person?		DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/>
716	The last time you had sexual intercourse with this person, was a condom used?	YES ..... 1 NO ..... 2 (SKIP TO 718) ←	YES ..... 1 NO ..... 2 (SKIP TO 718) ←	YES ..... 1 NO ..... 2 (SKIP TO 718) ←
717	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
718	What was your relationship to this person with whom you had sexual intercourse?  IF BOYFRIEND: Were you living together as if married?  IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND ..... 1 LIVE-IN PARTNER ..... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE ..... 4 CLIENT/SEX WORKER .. 5 OTHER ..... 6 (SPECIFY)	HUSBAND ..... 1 LIVE-IN PARTNER ..... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE ..... 4 CLIENT/SEX WORKER .. 5 OTHER ..... 6 (SPECIFY)	HUSBAND ..... 1 LIVE-IN PARTNER ..... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE ..... 4 CLIENT/SEX WORKER .. 5 OTHER ..... 6 (SPECIFY)
719	How long ago did you first have sexual intercourse with this person?	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>
720	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, RECORD '95'.	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
721	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
721A	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES ..... 1 NO ..... 2 (SKIP TO 722) ← DON'T KNOW ..... 98	YES ..... 1 NO ..... 2 (SKIP TO 722) ← DON'T KNOW ..... 98	YES ..... 1 NO ..... 2 (SKIP TO 722) ← DON'T KNOW ..... 98
721B	Were you or your partner drunk at that time?  IF YES: Who was drunk?	RESPONDENT ONLY .. 1 PARTNER ONLY ..... 2 BOTH, RESPONDENT AND PARTNER ..... 3 NEITHER ..... 4	RESPONDENT ONLY .. 1 PARTNER ONLY ..... 2 BOTH, RESPONDENT AND PARTNER ..... 3 NEITHER ..... 4	RESPONDENT ONLY .. 1 PARTNER ONLY ..... 2 BOTH, RESPONDENT AND PARTNER ..... 3 NEITHER ..... 4
722	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 (GO BACK TO 715 IN NEXT COLUMN) ← NO ..... 2 (SKIP TO 725) ←	YES ..... 1 (GO BACK TO 715 IN NEXT COLUMN) ← NO ..... 2 (SKIP TO 725) ←	
723	In total, with how many different people have you had sexual intercourse in the last 12 months?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.			NUMBER OF PARTNERS LAST 12 MONTHS .. <input type="text"/> <input type="text"/> DON'T KNOW ..... 98

## SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 106:  AGE 15-24 <input type="checkbox"/> ↓ AGE 25-49 <input type="checkbox"/>	→ 727	
725	CHECK 701:  NOT <input type="checkbox"/> IN A UNION ↓ CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	→ 727	
726	In the past 12 months have you had sex or been sexually involved with anyone because he gave you or told you he would give you gifts, cash, or anything else?	YES ..... 1 NO ..... 2	
727	In total, with how many different people have you had sexual intercourse in your lifetime?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME ..... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	
728	CHECK 717, MOST RECENT PARTNER (FIRST COLUMN):  YES, <input type="checkbox"/> CONDOM USED ↓ NO, <input type="checkbox"/> CONDOM NOT USED NOT <input type="checkbox"/> ASKED	→ 730A → 730A	
729	You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time?          IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	PROTECTOR PLUS ..... 01 PANTHER (PUBLIC SECTOR) ..... 02 CAREX CHOICE ASSORTED ..... 03 DUREX ..... 04 VIBE ..... 05 ECSTASY ..... 06 CASANOVA ..... 07 MOODS ..... 08  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
730	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT HOSPITAL/CLINIC ..... 11</p> <p>RURAL HEALTH CENTRE ..... 12</p> <p>MUNICIPAL CLINIC ..... 13</p> <p>ZNFPCLINIC ..... 14</p> <p>ZNFPCLINIC CBD/DEPOT HOLDER ..... 15</p> <p>VILLAGE HEALTH WORKER ..... 16</p> <p>MOHCC MOBILE CLINIC ..... 17</p> <p>OTHER PUBLIC SECTOR</p> <p align="right">_____ 18</p> <p align="center">(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC ..... 21</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 31</p> <p>PHARMACY ..... 32</p> <p>PRIVATE DOCTOR ..... 33</p> <p>CBD ..... 34</p> <p>PRIVATE OUTREACH CLINIC ..... 35</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p align="right">_____ 36</p> <p align="center">(SPECIFY)</p> <p><b>RETAIL OUTLET</b></p> <p>GENERAL DEALER ..... 41</p> <p>SUPERMARKET/TUCK SHOP ..... 42</p> <p>SERVICE STATION ..... 43</p> <p>BOTTLE STORE/BAR ..... 44</p> <p><b>OTHER SOURCE</b></p> <p>CHURCH ..... 51</p> <p>FRIEND/RELATIVE ..... 52</p> <p>PUBLIC TOILET ..... 53</p> <p>STREET VENDOR ..... 54</p> <p>WORKPLACE ..... 55</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	<p>→ 730B</p>
730A	<p>Do you know of a place where a person can get male condoms?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 730D</p>

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
730B	<p>CHECK 731A:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>NOT <input type="checkbox"/> ASKED ↓</p> </div> <div style="text-align: center;"> <p>ASKED, <input type="checkbox"/> YES ↓</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>a) Do you know of any other places where a person can get a male condom?</p> </div> <div style="width: 45%;"> <p>b) Where is that? Any other place?</p> </div> </div> <p style="margin-top: 40px;">PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <div style="border-top: 1px solid black; margin-top: 10px; padding-top: 5px;"> <p align="center">(NAME OF PLACE)</p> </div>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT HOSPITAL/CLINIC ..... A</p> <p>RURAL HEALTH CENTRE ..... B</p> <p>MUNICIPAL CLINIC ..... C</p> <p>ZNFPCL CLINIC ..... D</p> <p>ZNFPCL CBD/DEPOT HOLDER ..... E</p> <p>VILLAGE HEALTH WORKER ..... F</p> <p>MOHCC MOBILE CLINIC ..... G</p> <p>OTHER PUBLIC SECTOR</p> <p align="right">_____ H</p> <p align="center">(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC ..... I</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... J</p> <p>PHARMACY ..... K</p> <p>PRIVATE DOCTOR ..... L</p> <p>CBD ..... M</p> <p>PRIVATE OUTREACH CLINIC ..... N</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p align="right">_____ O</p> <p align="center">(SPECIFY)</p> <p><b>RETAIL OUTLET</b></p> <p>GENERAL DEALER ..... P</p> <p>SUPERMARKET/TUCK SHOP ..... Q</p> <p>SERVICE STATION ..... R</p> <p>BOTTLE STORE/BAR ..... S</p> <p><b>OTHER SOURCE</b></p> <p>CHURCH ..... T</p> <p>FRIEND/RELATIVE ..... U</p> <p>PUBLIC TOILET ..... V</p> <p>STREET VENDOR ..... W</p> <p>WORKPLACE ..... X</p> <p>OTHER _____ Y</p> <p align="center">(SPECIFY)</p>	
730C	If you wanted to, could you yourself get a condom?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	
730D	Do you know of a place where a person can get female condoms?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 731

**SECTION 7. MARRIAGE AND SEXUAL ACTIVITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
730E	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT HOSPITAL/CLINIC ..... A</p> <p>RURAL HEALTH CENTRE ..... B</p> <p>MUNICIPAL CLINIC ..... C</p> <p>ZNFFPC CLINIC ..... D</p> <p>ZNFFPC CBD/DEPOT HOLDER ..... E</p> <p>VILLAGE HEALTH WORKER ..... F</p> <p>MOHCC MOBILE CLINIC ..... G</p> <p>OTHER PUBLIC SECTOR</p> <p align="center">_____ H</p> <p align="center">(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC ..... I</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... J</p> <p>PHARMACY ..... K</p> <p>PRIVATE DOCTOR ..... L</p> <p>CBD ..... M</p> <p>PRIVATE OUTREACH CLINIC ..... N</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p align="center">_____ O</p> <p align="center">(SPECIFY)</p> <p><b>RETAIL OUTLET</b></p> <p>GENERAL DEALER ..... P</p> <p>SUPERMARKET/TUCK SHOP ..... Q</p> <p>SERVICE STATION ..... R</p> <p>BOTTLE STORE/BAR ..... S</p> <p><b>OTHER SOURCE</b></p> <p>CHURCH ..... T</p> <p>FRIEND/RELATIVE ..... U</p> <p>PUBLIC TOILET ..... V</p> <p>STREET VENDOR ..... W</p> <p>WORKPLACE ..... X</p> <p>OTHER _____ Y</p> <p align="center">(SPECIFY)</p>													
730F	<p>If you wanted to, could you yourself get a female condom?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>													
731	<p>PRESENCE OF OTHERS DURING THIS SECTION.</p>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>CHILDREN &lt;10 .....</td><td>1</td><td>2</td></tr> <tr> <td>MALE ADULTS .....</td><td>1</td><td>2</td></tr> <tr> <td>FEMALE ADULTS .....</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	CHILDREN <10 .....	1	2	MALE ADULTS .....	1	2	FEMALE ADULTS .....	1	2	
	YES	NO													
CHILDREN <10 .....	1	2													
MALE ADULTS .....	1	2													
FEMALE ADULTS .....	1	2													



SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 304:  NEITHER <input type="checkbox"/> STERILIZED ↓	HE OR SHE <input type="checkbox"/> STERILIZED →	813
802	CHECK 226:  PREGNANT <input type="checkbox"/> ↓	NOT PREGNANT <input type="checkbox"/> OR UNSURE →	804
803	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD ..... 1 NO MORE ..... 2 UNDECIDED/DON'T KNOW ..... 8	→ 805 → 812
804	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS SHE CAN'T GET PREGNANT ..... 3 UNDECIDED/DON'T KNOW ..... 8	→ 807 → 813 → 811
805	CHECK 226:  NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓ a) How long would you like to wait from now before the birth of (a/another) child?  PREGNANT <input type="checkbox"/> ↓ b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 YEARS ..... 2 SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT ..... 994 AFTER MARRIAGE ..... 995 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	→ 811 → 813 → 811
806	CHECK 226:  NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> →	812
807	CHECK 303: USING A CONTRACEPTIVE METHOD?  NOT <input type="checkbox"/> CURRENTLY USING ↓	CURRENTLY <input type="checkbox"/> USING →	813
808	CHECK 805:  '24' OR MORE MONTHS <input type="checkbox"/> OR '02' OR MORE YEARS ↓ NOT <input type="checkbox"/> ASKED ↓	'00-23' MONTHS <input type="checkbox"/> OR '00-01' YEAR →	812
809	CHECK 715:  DAYS, WEEKS OR <input type="checkbox"/> MONTHS AGO ↓	YEARS <input type="checkbox"/> AGO → NOT <input type="checkbox"/> ASKED →	811 811

**SECTION 8. FERTILITY PREFERENCES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>CHECK 804:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>a) You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> </div> <div style="width: 45%;"> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> </div> </div> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED ..... A</p> <p><b>FERTILITY-RELATED REASONS</b></p> <p>NOT HAVING SEX ..... B</p> <p>INFREQUENT SEX ..... C</p> <p>MENOPAUSAL/HYSTERECTOMY ..... D</p> <p>CAN'T GET PREGNANT ..... E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH ..... F</p> <p>BREASTFEEDING ..... G</p> <p>UP TO GOD/FATALISTIC ..... H</p> <p><b>OPPOSITION TO USE</b></p> <p>RESPONDENT OPPOSED ..... I</p> <p>HUSBAND/PARTNER OPPOSED ..... J</p> <p>OTHERS OPPOSED ..... K</p> <p>RELIGIOUS PROHIBITION ..... L</p> <p><b>LACK OF KNOWLEDGE</b></p> <p>KNOWS NO METHOD ..... M</p> <p>KNOWS NO SOURCE ..... N</p> <p><b>METHOD-RELATED REASONS</b></p> <p>SIDE EFFECTS/HEALTH CONCERNS ..... O</p> <p>LACK OF ACCESS/TOO FAR ..... P</p> <p>COSTS TOO MUCH ..... Q</p> <p>PREFERRED METHOD NOT AVAILABLE ..... R</p> <p>NO METHOD AVAILABLE ..... S</p> <p>INCONVENIENT TO USE ..... T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... U</p> <p>OTHER ..... X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
811	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p> </div>		→ 813
812	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
813	<p>CHECK 216:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> <div style="width: 45%;"> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE ..... 00</p> <p>NUMBER ..... <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER ..... 96 (SPECIFY)</p>	<p>→ 815</p> <p>→ 815</p>
814	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<div style="display: flex; justify-content: space-around;"> <p>BOYS</p> <p>GIRLS</p> <p>EITHER</p> </div> <p>NUMBER .. <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER ..... 96 (SPECIFY)</p>	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone? e) Received pamphlets or posters on family planning?	<div style="text-align: right;">YES    NO</div> a) RADIO ..... 1    2 b) TELEVISION ..... 1    2 c) NEWSPAPER OR MAGAZINE ..... 1    2 d) MOBILE PHONE ..... 1    2 e) PAMPHLETS OR POSTERS ..... 1    2	
816	How would you prefer to get information on family planning?  PROBE: Over the radio, on television, in print, by speaking to someone, or by mobile phone?	a) RADIO ..... 1 b) TELEVISION ..... 2 c) PRINT ..... 3 d) SPEAKING WITH SOMEONE ..... 4 e) MOBILE PHONE ..... 5 f) DON'T KNOW ..... 8	
817	CHECK 701:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div>YES, <input type="checkbox"/> CURRENTLY MARRIED ↓</div> <div>YES, <input type="checkbox"/> LIVING WITH A MAN ↓</div> <div>NO, <input type="checkbox"/> NOT IN A UNION</div> </div>		→ 901
818	CHECK 303: USING A CONTRACEPTIVE METHOD?  <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CURRENTLY <input type="checkbox"/> USING ↓</div> <div>NOT CURRENTLY <input type="checkbox"/> USING</div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div>NOT ASKED <input type="checkbox"/></div> </div>		→ 820 → 822
819	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT ..... 1 MAINLY HUSBAND/PARTNER ..... 2 JOINT DECISION ..... 3 OTHER ..... 6 <div style="text-align: center;">(SPECIFY)</div>	→ 821
820	Would you say that not using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT ..... 1 MAINLY HUSBAND/PARTNER ..... 2 JOINT DECISION ..... 3 OTHER ..... 6 <div style="text-align: center;">(SPECIFY)</div>	
821	CHECK 304:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div>NEITHER ARE <input type="checkbox"/> STERILIZED ↓</div> <div>HE OR SHE ARE <input type="checkbox"/> STERILIZED</div> </div>		→ 901
822	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER ..... 1 MORE CHILDREN ..... 2 FEWER CHILDREN ..... 3 DON'T KNOW ..... 8	

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

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR ..... 2 ONCE IN A WHILE ..... 3	
916	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	
917	CHECK 701:  CURRENTLY 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 DON'T KNOW ..... 8	→ 922
921	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 HUSBAND/PARTNER HAS NO EARNINGS ..... 4 OTHER _____ 6 (SPECIFY)	
922	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 SOMEONE ELSE ..... 4 OTHER ..... 6	
923	Who usually makes decisions about making major household purchases?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 SOMEONE ELSE ..... 4 OTHER ..... 6	
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 ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 928
927	Is your name on the title deed?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
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 ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 931
930	Is your name on the title deed?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<div> <div></div> <div> PRES./ LISTEN. </div> <div> PRES./ NOT LISTEN. </div> <div> NOT PRES. </div> </div> CHILDREN < 10 ..... 1 2 3 HUSBAND ..... 1 2 3 OTHER MALES ..... 1 2 3 OTHER FEMALES ..... 1 2 3	
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food? f) If she commits infidelity?	<div> YES NO DK </div> a) GOES OUT ..... 1 2 8 b) NEGLECTS CHILDREN .. 1 2 8 c) ARGUES ..... 1 2 8 d) REFUSES SEX ..... 1 2 8 e) BURNS FOOD ..... 1 2 8 f) INFIDELITY ..... 1 2 8	

**SECTION 10. HIV and 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																
1002	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
1003	Can people get HIV from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
1004	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
1005	Can people get HIV by sharing food with a person who has HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
1006	Can people get HIV because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
1007	Is it possible for a healthy-looking person to have HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
1007A	Can men reduce their chance of getting HIV by getting circumcised?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
1007B	Can circumcised men who have sex without a condom get HIV during sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
1007C	Can an HIV-negative woman get HIV if she has sex without a condom with a circumcised HIV-positive man?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
1008	Can HIV be transmitted from a mother to her baby:	<table border="0"> <tr> <td></td><td align="center">YES</td><td align="center">NO</td><td align="center">DK</td></tr> <tr> <td>a) During pregnancy?</td><td>a) DURING PREGNANCY .. 1</td><td>2</td><td>8</td></tr> <tr> <td>b) During delivery?</td><td>b) DURING DELIVERY ..... 1</td><td>2</td><td>8</td></tr> <tr> <td>c) By breastfeeding?</td><td>c) BREASTFEEDING ..... 1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	a) During pregnancy?	a) DURING PREGNANCY .. 1	2	8	b) During delivery?	b) DURING DELIVERY ..... 1	2	8	c) By breastfeeding?	c) BREASTFEEDING ..... 1	2	8	
	YES	NO	DK																
a) During pregnancy?	a) DURING PREGNANCY .. 1	2	8																
b) During delivery?	b) DURING DELIVERY ..... 1	2	8																
c) By breastfeeding?	c) BREASTFEEDING ..... 1	2	8																
1009	CHECK 1008:  <div style="display: flex; justify-content: space-around;"> <div>AT LEAST <input type="checkbox"/> ONE 'YES' ↓</div> <div>OTHER <input type="checkbox"/> → 1011</div> </div>																		
1010	Are there any special medicines that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
1011	CHECK 208 AND 215:  <div style="display: flex; justify-content: space-around;"> <div>LAST BIRTH IN <input type="checkbox"/> 2013-2015 ↓</div> <div>NO BIRTHS <input type="checkbox"/> → 1027</div> </div> <div style="display: flex; justify-content: space-around;"> <div></div> <div>LAST BIRTH IN <input type="checkbox"/> 2012 OR EARLIER → 1027</div> </div>																		
1012	CHECK 408 FOR LAST BIRTH:  <div style="display: flex; justify-content: space-around;"> <div>HAD <input type="checkbox"/> ANTENATAL CARE ↓</div> <div>NO <input type="checkbox"/> ANTENATAL CARE → 1020</div> </div>																		
1013	<b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>																		

## SECTION 10. HIV and AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1014	During any of the antenatal visits for your last birth were you given any information about:  a) Babies getting HIV from their mother?  b) Things that you can do to prevent getting HIV?  c) Getting tested for HIV?	<div style="text-align: right; margin-bottom: 10px;"> YES      NO      DK </div> a) HIV FROM MOTHER    1      2      8 b) THINGS TO DO    1      2      8 c) TESTED FOR HIV    1      2      8	
1015	Were you offered a test for HIV as part of your antenatal care?	YES ..... 1 NO ..... 2	
1016	I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES ..... 1 NO ..... 2	→ 1020
1017	Where was the test done?          PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.   _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> CENTRAL HOSPITAL ..... 11 PROVINCIAL HOSPITAL ..... 12 DISTRICT HOSPITAL ..... 13 RURAL HOSPITAL ..... 14 RURAL HEALTH CEN/COUNCIL CLINIC ..... 15 URBAN MUNICIPAL CLINIC ..... 16 FAMILY PLANNING CLINIC ..... 17 SCHOOL BASED CLINIC ..... 18 OTHER PUBLIC SECTOR ..... 19 (SPECIFY)  MISSION HOSPITAL/CLINIC ..... 21  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC/ ..... PRIVATE DOCTOR ..... 31 NEW START CENTRE ..... 32 SCHOOL BASED CLINIC ..... 33 OTHER PRIVATE MEDICAL SECTOR ..... 36 (SPECIFY)  <b>OTHER SOURCE</b> HOME ..... 41 WORKPLACE ..... 42 MOBILE VCT ..... 43 UNIFORMED FORCES FACILITY ..... 44  OTHER ..... 96 (SPECIFY)	
1018	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	→ 1020
1019	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1020	CHECK 430 FOR LAST BIRTH:  <div style="text-align: center;"> ANY CODE <input type="checkbox"/> OTHER <input type="checkbox"/> _____  '21-46' CIRCLED ↓ </div>		→ 1026
1021	Between the time you went for delivery but before the baby was born, were you offered an HIV test?	YES ..... 1 NO ..... 2	
1022	I don't want to know the results, but were you tested for HIV at that time?	YES ..... 1 NO ..... 2	→ 1024
1023	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	→ 1025



**SECTION 10. HIV and AIDS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1024	CHECK 1016:  <div style="display: flex; justify-content: space-around;"> <span>YES <input type="checkbox"/></span> <span>NO OR <input type="checkbox"/> NOT ASKED</span> </div>		→ 1027
1025	Have you been tested for HIV since that time you were tested during your pregnancy?	YES ..... 1 NO ..... 2	→ 1028
1026	How many months ago was your most recent HIV test?	MONTHS AGO ..... <input type="text"/> <input type="text"/> TWO OR MORE YEARS ..... 95	→ 1033
1027	I don't want to know the results, but have you ever been tested for HIV?	YES ..... 1 NO ..... 2	→ 1031
1028	How many months ago was your most recent HIV test?	MONTHS AGO ..... <input type="text"/> <input type="text"/> TWO OR MORE YEARS ..... 95	
1029	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	
1030	Where was the test done?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> CENTRAL HOSPITAL ..... 11 PROVINCIAL HOSPITAL ..... 12 DISTRICT HOSPITAL ..... 13 RURAL HOSPITAL ..... 14 RURAL HEALTH CEN/COUNCIL CLINIC ..... 15 URBAN MUNICIPAL CLINIC ..... 16 FAMILY PLANNING CLINIC ..... 17 SCHOOL BASED CLINIC ..... 18 OTHER PUBLIC SECTOR ..... 19 (SPECIFY)  MISSION HOSPITAL/CLINIC ..... 21  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 31 NEW START CENTRE ..... 32 SCHOOL BASED CLINIC ..... 33 OTHER PRIVATE MEDICAL SECTOR ..... 36 (SPECIFY)  <b>OTHER SOURCE</b> HOME ..... 41 WORKPLACE ..... 42 MOBILE VCT ..... 43 UNIFORMED FORCES FACILITY ..... 44  OTHER ..... 96 (SPECIFY)	→ 1033
1031	Do you know of a place where people can go to get an HIV test?	YES ..... 1 NO ..... 2	→ 1033

**SECTION 10. HIV and AIDS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1032	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>CENTRAL HOSPITAL ..... A</p> <p>PROVINCIAL HOSPITAL ..... B</p> <p>DISTRICT HOSPITAL ..... C</p> <p>RURAL HOSPITAL ..... D</p> <p>RURAL HEALTH CEN/COUNCIL CLINIC ..... E</p> <p>URBAN MUNICIPAL CLINIC ..... F</p> <p>FAMILY PLANNING CLINIC ..... G</p> <p>SCHOOL BASED CLINIC ..... H</p> <p>OTHER PUBLIC SECTOR ..... I</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC ..... J</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR ..... K</p> <p>NEW START CENTRE ..... L</p> <p>SCHOOL BASED CLINIC ..... M</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... N</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>HOME ..... O</p> <p>WORKPLACE ..... P</p> <p>MOBILE VCT ..... Q</p> <p>UNIFORMED FORCES FACILITY ..... R</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
1033	Have you heard of test kits people can use to test themselves for HIV?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1034A
1034	Have you ever tested yourself for HIV using a self-test kit?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
1034A	If a self-test kit was available, would you be willing to test yourself for HIV?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS ..... 8</p>	
1035	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS ..... 8</p>	
1036	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS ..... 8</p>	
1037	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS ..... 8</p>	
1038	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS ..... 8</p>	
1039	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS ..... 8</p>	
1040	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	<p>AGREE ..... 1</p> <p>DISAGREE ..... 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS ..... 8</p>	
1041	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>SAYS SHE HAS HIV ..... 3</p> <p>DON'T KNOW/NOT SURE/DEPENDS ..... 8</p>	

**SECTION 10. HIV and AIDS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1042	<p>CHECK 1001:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HEARD ABOUT HIV OR AIDS <input type="checkbox"/></p> <p>a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div style="width: 45%;"> <p>NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/></p> <p>b) Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
1043	<p>CHECK 713:</p> <div style="display: flex; justify-content: space-around;"> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> </div>		→ 1051
1044	<p>CHECK 1042: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>		→ 1046
1045	<p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
1046	<p>Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
1047	<p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
1048	<p>CHECK 1045, 1046, AND 1047:</p> <div style="display: flex; justify-content: space-around;"> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p> </div>		→ 1051
1049	<p>The last time you had (PROBLEM FROM 1045/1046/1047), did you seek any kind of advice or treatment?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1051
1050	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>CENTRAL HOSPITAL ..... A</p> <p>PROVINCIAL HOSPITAL ..... B</p> <p>DISTRICT HOSPITAL ..... C</p> <p>RURAL HOSPITAL ..... D</p> <p>RURAL HEALTH CEN/COUNCIL CLIN ..... E</p> <p>URBAN MUNICIPAL CLINIC ..... F</p> <p>FAMILY PLANNING CLINIC ..... G</p> <p>OTHER PUBLIC SECTOR ..... H</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... I</p> <p>PHARMACY ..... J</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... K</p> <p align="center">(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... L</p> <p>MOBILE VCT ..... M</p> <p>WORKPLACE ..... N</p> <p>TRADITIONAL HERBALIST ..... O</p> <p>OTHER ..... X</p> <p align="center">(SPECIFY)</p>	

SECTION 10. HIV and AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	
1053	CHECK 701:  CURRENTLY MARRIED/ <input type="checkbox"/> LIVING WITH A MAN ↓  NOT IN UNION <input type="checkbox"/> → 1101		
1054	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 8	
1055	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 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"/> <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"/> <input type="text"/></p> <p>NONE ..... 00</p>	→ 1104															
1103	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																
1104	Do you currently smoke cigarettes every day, some days, or not at all?	<p>EVERY DAY ..... 1</p> <p>SOME DAYS ..... 2</p> <p>NOT AT ALL ..... 3</p>	→ 1106															
1105	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES ..... <input type="text"/> <input type="text"/>																
1106	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	<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>SNUFF ..... B</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>	<table border="0"> <thead> <tr> <th></th><th align="center">BIG PROBLEM</th><th align="center">NOT A BIG PROBLEM</th></tr> </thead> <tbody> <tr> <td>a) PERMISSION TO GO</td><td align="center">1</td><td align="center">2</td></tr> <tr> <td>b) GETTING MONEY</td><td align="center">1</td><td align="center">2</td></tr> <tr> <td>c) DISTANCE</td><td align="center">1</td><td align="center">2</td></tr> <tr> <td>d) GO ALONE</td><td align="center">1</td><td align="center">2</td></tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	a) PERMISSION TO GO	1	2	b) GETTING MONEY	1	2	c) DISTANCE	1	2	d) GO ALONE	1	2	
	BIG PROBLEM	NOT A BIG PROBLEM																
a) PERMISSION TO GO	1	2																
b) GETTING MONEY	1	2																
c) DISTANCE	1	2																
d) GO ALONE	1	2																
1108A	Have you ever heard of cervical cancer?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1109															
1108B	Have you ever been screened for cervical cancer?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1109															

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
1108C	When were you last screened for cervical cancer?  _____ (DATE, IF GIVEN)	DAYS AGO ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGO ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS AGO ..... 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																	
1109	Are you covered by any medical aid?	YES ..... 1 NO ..... 2	→ 1110A																																
1110	What type of medical aid are you covered by?  RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE ..... A HEALTH INSURANCE THROUGH EMPLOYER ..... B SOCIAL SECURITY ..... C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE ..... D OTHER ..... X (SPECIFY)																																	
1110A	Have you ever drank alcohol?	YES ..... 1 NO ..... 2	→ 1201																																
1110B	In the last 30 days, on how many days did you have at least one drink of alcohol?  IF NONE, RECORD '00'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	DAYS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 998																																	
1110C	In the last 30 days, how many alcoholic drinks did you have on a typical day when you drank alcohol?  IF NONE, RECORD '00'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	DRINKS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 998																																	
1110D	In the last 30 days, on how many days did you get drunk?  IF NONE, RECORD '00'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	DAYS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 998																																	

**SECTION 12. MATERNAL MORTALITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1201	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER ..... <input type="text"/> <input type="text"/>						
1202	CHECK 1201: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>TWO OR MORE BIRTHS <input type="checkbox"/></div> <div>ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/></div> </div>							NEXT SEC. →
1203	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS ..... <input type="text"/> <input type="text"/>						
1204	What was the name given to your (oldest/ next oldest) brother or sister?	(1)	(2)	(3)	(4)	(5)	(6)	
1205	Is (NAME) male or female?	MALE .... 1 FEMALE . 2	MALE .... 1 FEMALE . 2	MALE .... 1 FEMALE . 2	MALE .... 1 FEMALE . 2	MALE .... 1 FEMALE . 2	MALE .... 1 FEMALE . 2	
1206	Is (NAME) still alive?	YES ..... 1 NO ..... 2 GO TO 1208 ← DK ..... 8 GO TO (2) ←	YES ..... 1 NO ..... 2 GO TO 1208 ← DK ..... 8 GO TO (3) ←	YES ..... 1 NO ..... 2 GO TO 1208 ← DK ..... 8 GO TO (4) ←	YES ..... 1 NO ..... 2 GO TO 1208 ← DK ..... 8 GO TO (5) ←	YES ..... 1 NO ..... 2 GO TO 1208 ← DK ..... 8 GO TO (6) ←	YES ..... 1 NO ..... 2 GO TO 1208 ← DK ..... 8 GO TO (7) ←	
1207	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
1208	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1209	How old was (NAME) when (he/she) died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1210	Was (NAME) pregnant when she died?	YES ..... 1 GO TO 1213 ← NO ..... 2	YES ..... 1 GO TO 1213 ← NO ..... 2	YES ..... 1 GO TO 1213 ← NO ..... 2	YES ..... 1 GO TO 1213 ← NO ..... 2	YES ..... 1 GO TO 1213 ← NO ..... 2	YES ..... 1 GO TO 1213 ← NO ..... 2	
1211	Did (NAME) die during childbirth?	YES ..... 1 GO TO 1213 ← NO ..... 2	YES ..... 1 GO TO 1213 ← NO ..... 2	YES ..... 1 GO TO 1213 ← NO ..... 2	YES ..... 1 GO TO 1213 ← NO ..... 2	YES ..... 1 GO TO 1213 ← NO ..... 2	YES ..... 1 GO TO 1213 ← NO ..... 2	
1212	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ..... 1 NO ..... 2	YES .... 1 NO .... 2	YES .... 1 NO .... 2	YES .... 1 NO .... 2	YES .... 1 NO .... 2	YES .... 1 NO .... 2	
1213	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION.								

SECTION 12. MATERNAL MORTALITY

1204	What was the name given to your (oldest/ next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1205	Is (NAME) male or female?	MALE .... 1 FEMALE . 2	MALE .... 1 FEMALE . 2	MALE .... 1 FEMALE . 2	MALE .... 1 FEMALE . 2	MALE .... 1 FEMALE . 2	MALE .... 1 FEMALE . 2
1206	Is (NAME) still alive?	YES ..... 1 NO ..... 2 GO TO 1208 DK ..... 8 GO TO (8)	YES ..... 1 NO ..... 2 GO TO 1208 DK ..... 8 GO TO (9)	YES ..... 1 NO ..... 2 GO TO 1208 DK ..... 8 GO TO (10)	YES ..... 1 NO ..... 2 GO TO 1208 DK ..... 8 GO TO (11)	YES ..... 1 NO ..... 2 GO TO 1208 DK ..... 8 GO TO (12)	YES ..... 1 NO ..... 2 GO TO 1208 DK ..... 8 GO TO (13)
1207	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)
1208	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1209	How old was (NAME) when (he/she) died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1210	Was (NAME) pregnant when she died?	YES ..... 1 GO TO 1213 NO ..... 2	YES ..... 1 GO TO 1213 NO ..... 2	YES ..... 1 GO TO 1213 NO ..... 2	YES ..... 1 GO TO 1213 NO ..... 2	YES ..... 1 GO TO 1213 NO ..... 2	YES ..... 1 GO TO 1213 NO ..... 2
1211	Did (NAME) die during childbirth?	YES ..... 1 GO TO 1213 NO ..... 2	YES ..... 1 GO TO 1213 NO ..... 2	YES ..... 1 GO TO 1213 NO ..... 2	YES ..... 1 GO TO 1213 NO ..... 2	YES ..... 1 GO TO 1213 NO ..... 2	YES ..... 1 GO TO 1213 NO ..... 2
1212	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ..... 1 NO ..... 2	YES .... 1 NO .... 2	YES .... 1 NO .... 2	YES .... 1 NO .... 2	YES .... 1 NO .... 2	YES .... 1 NO .... 2
1213	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION.							



**SECTION 13: DOMESTIC VIOLENCE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1300	<p>CHECK HOUSEHOLD QUESTIONNAIRE, [LOCATION TO BE CHECKED]</p> <p>WOMAN SELECTED <input type="checkbox"/> FOR THIS SECTION ↓</p> <p>WOMAN <input type="checkbox"/> NOT SELECTED →</p>		NEXT SECT.																												
1301	<p>CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED ..... 1 ↓</p> <p>PRIVACY NOT POSSIBLE ..... 2 →</p>		1332																												
1301A	<p>READ TO THE RESPONDENT:</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Zimbabwe. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.</p>																														
1302	<p>CHECK 701 AND 702:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> ↓</p> <p>FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/PARTNER') <input type="checkbox"/> ↓</p> <p>NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/> →</p>		1316																												
1303	<p>First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)?</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men?</p> <p>b) He frequently (accuses/accused) you of being unfaithful?</p> <p>c) He (does/did) not permit you to meet your female friends?</p> <p>d) He (tries/tried) to limit your contact with your family?</p> <p>e) He (insists/insisted) on knowing where you (are/were) at all times?</p> <p>f) He (does/did) not trust you with any money?</p>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>JEALOUS .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ACCUSES .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NOT MEET FRIENDS ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NO FAMILY .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>WHERE YOU ARE .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>MONEY .....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	JEALOUS .....	1	2	8	ACCUSES .....	1	2	8	NOT MEET FRIENDS ..	1	2	8	NO FAMILY .....	1	2	8	WHERE YOU ARE .....	1	2	8	MONEY .....	1	2	8	
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1304	<p>Now I need to ask some more questions about your relationship with your (last) (husband/partner).</p> <p>A. Did your (last) (husband/partner) ever:</p> <p>a) say or do something to humiliate you in front of others?</p> <p>b) threaten to hurt or harm you or someone you care about?</p> <p>c) insult you or make you feel bad about yourself?</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table> <thead> <tr> <th>EVER</th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3													
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**SECTION 13: DOMESTIC VIOLENCE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																							
1305	A. Did your (last) (husband/partner) ever do any of the following things to you:	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?																																																								
	<table border="1"> <thead> <tr> <th></th><th>EVER</th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a) push you, shake you, or throw something at you?</td><td>YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>b) slap you?</td><td>YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>c) twist your arm or pull your hair?</td><td>YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>d) punch you with his fist or with something that could hurt you?</td><td>YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>e) kick you, drag you, or beat you up?</td><td>YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>f) try to choke you or burn you on purpose?</td><td>YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>g) threaten or attack you with a knife, gun, or other weapon?</td><td>YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>h) physically force you to have sexual intercourse with him when you did not want to?</td><td>YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>i) physically force you to perform any other sexual acts you did not want to?</td><td>YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>j) force you with threats or in any other way to perform sexual acts you did not want to?</td><td>YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) push you, shake you, or throw something at you?	YES 1 NO 2	→ 1	2	3	b) slap you?	YES 1 NO 2	→ 1	2	3	c) twist your arm or pull your hair?	YES 1 NO 2	→ 1	2	3	d) punch you with his fist or with something that could hurt you?	YES 1 NO 2	→ 1	2	3	e) kick you, drag you, or beat you up?	YES 1 NO 2	→ 1	2	3	f) try to choke you or burn you on purpose?	YES 1 NO 2	→ 1	2	3	g) threaten or attack you with a knife, gun, or other weapon?	YES 1 NO 2	→ 1	2	3	h) physically force you to have sexual intercourse with him when you did not want to?	YES 1 NO 2	→ 1	2	3	i) physically force you to perform any other sexual acts you did not want to?	YES 1 NO 2	→ 1	2	3	j) force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 NO 2	→ 1	2	3		
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1306	CHECK 1305A (a-j):  <div style="display: flex; justify-content: space-around;"> <div>AT LEAST ONE 'YES' <input type="checkbox"/></div> <div>NOT A SINGLE 'YES' <input type="checkbox"/></div> </div>		→ 1309																																																							
1307	How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen?  IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS ..... <input type="text"/> <input type="text"/>  BEFORE MARRIAGE/BEFORE LIVING TOGETHER ..... 95																																																								
1308	Did the following ever happen as a result of what your (last) (husband/partner) did to you:  a) You had cuts, bruises, or aches?  b) You had eye injuries, sprains, dislocations, or burns?  c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	<table> <tr> <td>YES .....</td><td>1</td></tr> <tr> <td>NO .....</td><td>2</td></tr> <tr> <td>YES .....</td><td>1</td></tr> <tr> <td>NO .....</td><td>2</td></tr> <tr> <td>YES .....</td><td>1</td></tr> <tr> <td>NO .....</td><td>2</td></tr> </table>	YES .....	1	NO .....	2	YES .....	1	NO .....	2	YES .....	1	NO .....	2																																												
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1309	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?	<table> <tr> <td>YES .....</td><td>1</td></tr> <tr> <td>NO .....</td><td>2</td></tr> </table>	YES .....	1	NO .....	2	→ 1311																																																			
YES .....	1																																																									
NO .....	2																																																									

**SECTION 13: DOMESTIC VIOLENCE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
1310	In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3																			
1311	Does (did) your (last) (husband/partner) drink alcohol?	YES ..... 1 NO ..... 2	→ 1313																		
1312	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN ..... 1 SOMETIMES ..... 2 NEVER ..... 3																			
1313	Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID ..... 1 SOMETIMES AFRAID ..... 2 NEVER AFRAID ..... 3																			
1314	CHECK 709:  MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONLY ONCE <input type="checkbox"/>		→ 1316																		
1315	<div> A. So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner). </div> <div> <table border="1"> <thead> <tr> <th></th><th>EVER</th><th></th><th>0 - 11 MONTHS AGO</th><th>12+ MONTHS AGO</th><th>DON'T REMEMBER</th></tr> </thead> <tbody> <tr> <td>a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table> </div>		EVER		0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?	YES 1 NO 2 ↓	→	1	2	3	b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	YES 1 NO 2 ↓	→	1	2	3	<div> B. How long ago did this last happen? </div>	
	EVER		0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER																
a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?	YES 1 NO 2 ↓	→	1	2	3																
b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	YES 1 NO 2 ↓	→	1	2	3																
1316	CHECK 701 AND 702: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> <div> a) From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically? </div> <div> b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically? </div>	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	→ 1319																		

SECTION 13: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1317	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER ..... A</p> <p>FATHER/STEP-FATHER ..... B</p> <p>SISTER/BROTHER ..... C</p> <p>DAUGHTER/SON ..... D</p> <p>OTHER RELATIVE ..... E</p> <p>CURRENT BOYFRIEND ..... F</p> <p>FORMER BOYFRIEND ..... G</p> <p>MOTHER-IN-LAW ..... H</p> <p>FATHER-IN-LAW ..... I</p> <p>OTHER IN-LAW ..... J</p> <p>TEACHER ..... K</p> <p>EMPLOYER/SOMEONE AT WORK .. L</p> <p>POLICE/SOLDIER ..... M</p> <p>OTHER ..... X</p> <p align="center">(SPECIFY)</p>	
1318	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	<p>OFTEN ..... 1</p> <p>SOMETIMES ..... 2</p> <p>NOT AT ALL ..... 3</p>	
1319	<p>CHECK 201, 226, AND 230:</p> <p align="center">           EVER BEEN            PREGNANT <input type="checkbox"/>            ('YES' ON 201            OR 226 OR 230) ↓         </p>	<p align="center">           NEVER BEEN <input type="checkbox"/>            PREGNANT         </p>	→ 1322
1320	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1322
1321	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND/PARTNER ..... A</p> <p>MOTHER/STEP-MOTHER ..... B</p> <p>FATHER/STEP-FATHER ..... C</p> <p>SISTER/BROTHER ..... D</p> <p>DAUGHTER/SON ..... E</p> <p>OTHER RELATIVE ..... F</p> <p>FORMER HUSBAND/PARTNER ..... G</p> <p>CURRENT BOYFRIEND ..... H</p> <p>FORMER BOYFRIEND ..... I</p> <p>MOTHER-IN-LAW ..... J</p> <p>FATHER-IN-LAW ..... K</p> <p>OTHER IN-LAW ..... L</p> <p>TEACHER ..... M</p> <p>EMPLOYER/SOMEONE AT WORK .. N</p> <p>POLICE/SOLDIER ..... O</p> <p>OTHER ..... X</p> <p align="center">(SPECIFY)</p>	
1322	<p>CHECK 701 AND 702:</p> <p align="center">           EVER MARRIED/EVER <input type="checkbox"/>            LIVED WITH A MAN ↓         </p>	<p align="center">           NEVER MARRIED/NEVER <input type="checkbox"/>            LIVED WITH A MAN         </p>	→ 1322B
1322A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>REFUSED TO ANSWER/ NO ANSWER ..... 3</p>	<p>→ 1323</p> <p>→ 1324A</p>
1322B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>REFUSED TO ANSWER/ NO ANSWER ..... 3</p>	→ 1326

SECTION 13: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1323	Who was the person who was forcing you the very first time this happened?	CURRENT HUSBAND/PARTNER ..... 01 FORMER HUSBAND/PARTNER ..... 02 CURRENT/FORMER BOYFRIEND .. 03 FATHER/STEP-FATHER ..... 04 BROTHER/STEP-BROTHER ..... 05 OTHER RELATIVE ..... 06 IN-LAW ..... 07 OWN FRIEND/ACQUAINTANCE ..... 08 FAMILY FRIEND ..... 09 TEACHER ..... 10 EMPLOYER/SOMEONE AT WORK .. 11 POLICE/SOLDIER ..... 12 PRIEST/RELIGIOUS LEADER ..... 13 STRANGER ..... 14  OTHER _____ 96 (SPECIFY)	
1324	CHECK 701 AND 702:  EVER MARRIED/EVER <input type="checkbox"/> LIVED WITH A MAN ↓  a) In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to?  NEVER MARRIED/NEVER <input type="checkbox"/> LIVED WITH A MAN ↓  b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES ..... 1 NO ..... 2	<input type="checkbox"/> → 1325
1324A	CHECK 1305A (h-j) and 1315A(b)  AT LEAST ONE <input type="checkbox"/> 'YES' ↓	NOT A <input type="checkbox"/> SINGLE 'YES' →	<input type="checkbox"/> → 1326
1325	CHECK 701 AND 702:  EVER MARRIED/EVER <input type="checkbox"/> LIVED WITH A MAN ↓  a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner?  NEVER MARRIED/NEVER <input type="checkbox"/> LIVED WITH A MAN ↓  b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	
1326	CHECK 1305A (a-j), 1315A (a,b), 1316, 1320, 1322A, AND 1322B:  AT LEAST ONE <input type="checkbox"/> 'YES' ↓	NOT A SINGLE <input type="checkbox"/> 'YES' →	<input type="checkbox"/> → 1330
1327	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES ..... 1 NO ..... 2	<input type="checkbox"/> → 1329

## SECTION 13: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1328	From whom have you sought help?  Anyone else?  RECORD ALL MENTIONED.	OWN FAMILY ..... A HUSBAND'S/PARTNER'S FAMILY .. B CURRENT/FORMER HUSBAND/PARTNER ..... C CURRENT/FORMER BOYFRIEND .. D FRIEND ..... E NEIGHBOR ..... F RELIGIOUS LEADER ..... G DOCTOR/MEDICAL PERSONNEL ..... H POLICE ..... I LAWYER ..... J SOCIAL SERVICE ORGANIZATION .. K  OTHER _____ X (SPECIFY)	→ 1330
1329	Have you ever told any one about this?	YES ..... 1 NO ..... 2	
1330	As far as you know, did your father ever beat your mother?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE			
1331	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<div style="display: flex; justify-content: space-around;"> <span>YES, ONCE</span> <span>YES, MORE THAN ONCE</span> <span>NO</span> </div> <div style="display: flex; justify-content: space-between;"> <div>HUSBAND .....</div> <div>1</div> <div>2</div> <div>3</div> </div> <div style="display: flex; justify-content: space-between;"> <div>OTHER MALE ADULT.....</div> <div>1</div> <div>2</div> <div>3</div> </div> <div style="display: flex; justify-content: space-between;"> <div>FEMALE ADULT .....</div> <div>1</div> <div>2</div> <div>3</div> </div>	
1332	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE.  _____  _____  _____		
1333	RECORD THE TIME.	HOURS.....  MINUTES .....	<div style="display: grid; grid-template-columns: repeat(2, 1fr); gap: 5px;"> <div style="width: 40px; height: 40px; border: 1px solid black;"></div> <div style="width: 40px; height: 40px; border: 1px solid black;"></div> <div style="width: 40px; height: 40px; border: 1px solid black;"></div> <div style="width: 40px; height: 40px; border: 1px solid black;"></div> </div>

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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EDITOR'S OBSERVATIONS

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INSTRUCTIONS:

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

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

B BIRTHS  
P PREGNANCIES  
T TERMINATIONS

0 NO METHOD

1 FEMALE STERILIZATION  
2 MALE STERILIZATION  
3 IUCD  
4 INJECTABLES  
5 IMPLANTS  
6 PILL  
7 MALE CONDOM  
8 FEMALE CONDOM  
9 EMERGENCY CONTRACEPTION

K LACTATIONAL AMENORRHEA METHOD  
L RHYTHM METHOD (SAFE DAYS)

M WITHDRAWAL  
X OTHER MODERN METHOD  
Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

0 INFREQUENT SEX/HUSBAND AWAY  
1 BECAME PREGNANT WHILE USING  
2 WANTED TO BECOME PREGNANT  
3 HUSBAND/PARTNER DISAPPROVED  
4 WANTED MORE EFFECTIVE METHOD  
5 SIDE EFFECTS/HEALTH CONCERNS  
6 LACK OF ACCESS/TOO FAR  
7 COSTS TOO MUCH  
8 INCONVENIENT TO USE  
F UP TO GOD/FATALISTIC  
A DIFFICULT TO GET PREGNANT/MENOPAUSAL  
D MARITAL DISSOLUTION/SEPARATION  
X OTHER

(SPECIFY)

Z DON'T KNOW

			COL. 1	COL. 2	
<b>2015</b>	12	DEC	01		
	11	NOV	02		
	10	OCT	03		
	09	SEP	04		
	08	AUG	05		
	07	JUL	06		
	06	JUN	07		
	05	MAY	08		
	04	APR	09		
	03	MAR	10		
	02	FEB	11		
	01	JAN	12		
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<b>2016</b>	12	DEC	13		
	11	NOV	14		
	10	OCT	15		
	09	SEP	16		
	08	AUG	17		
	07	JUL	18		
	06	JUN	19		
	05	MAY	20		
	04	APR	21		
	03	MAR	22		
	02	FEB	23		
	01	JAN	24		
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<b>2017</b>	12	DEC	25		
	11	NOV	26		
	10	OCT	27		
	09	SEP	28		
	08	AUG	29		
	07	JUL	30		
	06	JUN	31		
	05	MAY	32		
	04	APR	33		
	03	MAR	34		
	02	FEB	35		
	01	JAN	36		
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<b>2018</b>	12	DEC	37		
	11	NOV	38		
	10	OCT	39		
	09	SEP	40		
	08	AUG	41		
	07	JUL	42		
	06	JUN	43		
	05	MAY	44		
	04	APR	45		
	03	MAR	46		
	02	FEB	47		
	01	JAN	48		



