



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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>						
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>						
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>						
NEXT VISIT: DATE	_____	_____		INT. NO. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>						
TIME	_____	_____		RESULT* <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr></table>						
				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>						

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

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



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	<input type="checkbox"/> → 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 <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	<input type="checkbox"/> → 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] <input type="text"/> <input type="text"/>	
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' <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 (SPECIFY)	
124	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE 00	→ 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" data-bbox="1209 344 1348 405"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" data-bbox="1209 405 1348 465"><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" data-bbox="1209 595 1348 656"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" data-bbox="1209 656 1348 716"><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" data-bbox="1209 976 1348 1037"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" data-bbox="1209 1037 1348 1097"><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" data-bbox="1209 1142 1348 1202"><tr><td> </td><td> </td></tr></table>									
209	<p>CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct?</p> <p align="center"> YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> ↓ PROBE AND CORRECT 201-208 AS NECESSARY. </p>										
210	<p>CHECK 208:</p> <p align="center"> ONE OR MORE BIRTHS <input type="checkbox"/> ↓ NO BIRTHS <input type="checkbox"/> → 226 </p>										

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? RECORD NAME. BIRTH HISTORY NUMBER.	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? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '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?
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↙ NO 2 (NEXT BIRTH) ↙
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↙ NO 2 (NEXT BIRTH) ↙
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↙ NO 2 (NEXT BIRTH) ↙
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↙ NO 2 (NEXT BIRTH) ↙

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER.	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? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '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?
06	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
07	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
08	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
09	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
10	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY NUMBERS ARE SAME <input type="checkbox"/> ↓ NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ←		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2010-2015	NUMBER OF BIRTHS <input type="text"/> NONE 0	→ 226
225	<p>C 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.)</p>		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 230
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 230
229	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"/> → 234 LAST PREGNANCY ENDED IN 2009 OR EARLIER <input type="checkbox"/> → 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		<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
03	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
04	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ 236
236	<p>C 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.</p> <p>IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.</p>			
237	Did you have any miscarriages, abortions or stillbirths that ended before 2010?	YES 1 NO 2		→ 239
238	When did the last such pregnancy that terminated before 2010 end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
239	When did your last menstrual period start? _____ (DATE, IF GIVEN)	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"/> 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 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.	MALE CONDOMS PROTECTOR PLUS 01 PANTHER (PUBLIC SECTOR) 02 CAREX CHOICE ASSORTED 03 DUREX 04 VIBE 05 ECSTASY 06 CASANOVA 07 MOODS 08 FEMALE CONDOMS 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>PUBLIC SECTOR</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>PRIVATE MEDICAL SECTOR</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 style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>							<p align="right">} → 310</p>
309	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>							
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"/> YES <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>								

SECTION 3. CONTRACEPTION (CAPI OPTION) (10)

311	<p>CHECK 308 AND 309:</p> <p>YEAR IS 2010-2015 <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>THEN CONTINUE</p>	<p>YEAR IS 2009 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2010 .</p> <p>THEN</p> <p>(SKIP TO 324) ←</p>		
312	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 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 type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>
312B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 312I) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 312I) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 312I) ←</p>
312C	Which method was that?	METHOD CODE .. <input type="text"/>	METHOD CODE .. <input type="text"/>	METHOD CODE .. <input type="text"/>
312D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? RECORD '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 312F) ←</p> <p>DATE GIVEN 95</p>	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 312F) ←</p> <p>DATE GIVEN 95</p>	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 312F) ←</p> <p>DATE GIVEN 95</p>
312E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	<p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>
312F	For how many months did you use (METHOD)? RECORD '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	<p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 312H) ←</p> <p>DATE GIVEN 95</p>	<p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 312H) ←</p> <p>DATE GIVEN 95</p>	<p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 312H) ←</p> <p>DATE GIVEN 95</p>
312G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	<p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>
312H	Why did you stop using (METHOD)?	REASON STOPPED <input type="text"/>	REASON STOPPED <input type="text"/>	REASON STOPPED <input type="text"/>
312I	<p>GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.</p>			

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		→ 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)	PUBLIC SECTOR GOVT. HOSPITAL 11 RURAL HEALTH CENTRE 12 MUNICIPAL CLINIC 13 ZNFPC CLINIC 14 ZNFPC CBD/DEPOT HOLDER 15 VILLAGE HEALTH WORKER 16 MOHCC MOBILE CLINIC 17 OTHER PUBLIC SECTOR _____ 18 (SPECIFY) MISSION HOSPITAL 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 PHARMACY 32 PRIVATE DOCTOR 33 CBD 34 PRIVATE OUTREACH CLINIC 35 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) RETAIL GENERAL DEALER 41 SUPERMARKET/TUCK SHOP 42 SERVICE STATION 43 BOTTLE STORE/BAR 44 OTHER RETAIL _____ 45 (SPECIFY) OTHER SOURCE 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; align-items: flex-start;"> <div style="text-align: center;"> <p>ANY <input type="checkbox"/> YES' ↓</p> <p>a) At that time, were you told about other methods of family planning that you could use?</p> </div> <div style="border-left: 1px dashed black; padding-left: 10px;"> <p>OTHER <input type="checkbox"/> ↓</p> <p>b) When you obtained (CURRENT METHOD FROM 315) from (SOURCE OF METHOD FROM 307 OR 316), were you told about other methods of family planning that you could use?</p> </div> </div>	YES 1 NO 2	→ 324
323	Were you ever told by a health or family planning worker about other methods of family planning that you could 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>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</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>(SPECIFY)</p> <p>MISSION HOSPITAL 21</p> <p>PRIVATE MEDICAL SECTOR</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>(SPECIFY)</p> <p>RETAIL</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>(SPECIFY)</p> <p>OTHER SOURCE</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>(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: ONE OR MORE BIRTHS IN 2010-2015 <input type="checkbox"/> NO BIRTHS IN 2010-2015 <input type="checkbox"/> → 648	
402	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH 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	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY. LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
404	FROM 212 AND 216: NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	When you got pregnant with (NAME), did you want to get pregnant at that time? YES 1 (SKIP TO 408) ← NO 2	YES 1 (SKIP TO 426) ← NO 2
406	CHECK 208: ONLY ONE BIRTH <input type="checkbox"/> MORE THAN ONE BIRTH <input type="checkbox"/> a) Did you want to have a baby later on, or did you not want any children? b) Did you want to have a baby later on, or did you not want any more children? LATER 1 NO MORE/NONE 2 (SKIP TO 408) ←	LATER 1 NO MORE/NONE 2 (SKIP TO 426) ←
407	How much longer did you want to wait? MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998
408	Did you see anyone for antenatal care for this pregnancy? YES 1 NO 2 (SKIP TO 414) ←	
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. HEALTH PERSONNEL DOCTOR A NURSE B NURSE MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D VILLAGE HEALTH WORKER E OTHER _____ X (SPECIFY)	

SECTION 4. PREGNANCY AND POSTNATAL CARE

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

SECTION 4. PREGNANCY AND POSTNATAL CARE

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

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 style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> 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 style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 998													
437	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE 12 NURSE MIDWIFE 13 OTHER PERSON 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		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____		
439	How long after delivery was (NAME)'s health first checked? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1	<input type="text"/> <input type="text"/>		
		DAYS 2	<input type="text"/> <input type="text"/>		
		WEEKS 3	<input type="text"/> <input type="text"/>		
		DON'T KNOW 998			
440	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE 12 NURSE MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 VILLAGE HEALTH WORKER 22 OTHER _____ 96 (SPECIFY)			
441	Now I want to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES 1			
		NO 2			
		(SKIP TO 445) ←			
442	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1	<input type="text"/> <input type="text"/>		
		DAYS 2	<input type="text"/> <input type="text"/>		
		WEEKS 3	<input type="text"/> <input type="text"/>		
		DON'T KNOW 998			
443	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE 12 NURSE MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 VILLAGE HEALTH WORKER 22 OTHER _____ 96 (SPECIFY)			

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>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</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>PRIVATE MEDICAL SECTOR</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)</p>							
445	<p>I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider or a traditional birth attendant check on (NAME)'s health in the two months after you left (FACILITY IN 430)?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 457) ←</p> <p>DON'T KNOW 8</p>							
446	<p>How many hours, days or weeks after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p> <table border="1" data-bbox="906 1303 1035 1458"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
447	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE 12</p> <p>NURSE MIDWIFE 13</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>VILLAGE HEALTH WORKER 22</p> <p>OTHER _____ 96</p> <p>(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>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</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>PRIVATE MEDICAL SECTOR</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)</p> <p>(SKIP TO 457) ←</p>							
449	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 453) ←</p>							
450	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p> <table border="1" data-bbox="906 1355 1037 1512"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
451	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE 12</p> <p>NURSE MIDWIFE 13</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>VILLAGE HEALTH WORKER 22</p> <p>OTHER _____ 96</p> <p>(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>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</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>PRIVATE MEDICAL SECTOR</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)</p>							
453	<p>I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 457) ←</p> <p>DON'T KNOW 8</p>							
454	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS AFTER BIRTH 1</p> <p>DAYS AFTER BIRTH 2</p> <p>WEEKS AFTER BIRTH 3</p> <p>DON'T KNOW 998</p> <table border="1" data-bbox="906 1330 1035 1485"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
455	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE 12</p> <p>NURSE MIDWIFE 13</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>VILLAGE HEALTH WORKER 22</p> <p>OTHER _____ 96</p> <p>(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>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</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>PRIVATE MEDICAL SECTOR</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)</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																								
b) TEMP.	1	2	8																								
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>(SKIP TO 460) ←</p> <p>NO 2</p> <p>(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>(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?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 463) ←	
462	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 464) ←	
463	For how many months after the birth of (NAME) did you not have sexual intercourse?	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 DOCUME 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	COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.																																																																																																																										
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="center" colspan="2">DAY</th> <th align="center" colspan="2">MONTH</th> <th align="center" colspan="3">YEAR</th> </tr> </thead> <tbody> <tr> <td>BCG</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ORAL POLIO VACCINE (OPV) 1</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ORAL POLIO VACCINE (OPV) 2</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ORAL POLIO VACCINE (OPV) 3</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>DPT-HEP.B-HIB (PENTAVALENT) 1</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>DPT-HEP.B-HIB (PENTAVALENT) 2</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>DPT-HEP.B-HIB (PENTAVALENT) 3</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>PNEUMOCOCCAL 1</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>PNEUMOCOCCAL 2</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>PNEUMOCOCCAL 3</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ROTAVIRUS 1</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ROTAVIRUS 2</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>MEASLES</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>VITAMIN A (MOST RECENT)</td> <td></td><td></td><td></td><td></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)								
	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)																																																																																																																											
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	<p>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?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 507A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A) (THEN SKIP TO 526A) ←</p> <p>NO 2 DON'T KNOW 8</p>	→ 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?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 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?	<p>YES 1 NO 2 DON'T KNOW 8</p>	
514A	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 517A
515A	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	<p>FIRST TWO WEEKS 1 LATER 2</p>	
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?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 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?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 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?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 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?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 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																																																																																																									
508B	COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.	<table border="1"> <thead> <tr> <th></th> <th align="center" colspan="2">DAY</th> <th align="center" colspan="2">MONTH</th> <th align="center" colspan="2">YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></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)							
	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)																																																																																																												
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	<p>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?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 507B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 507A) (THEN SKIP TO 524B)</p> <p>NO 2 DON'T KNOW 8</p>	→ 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?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 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?	<p>YES 1 NO 2 DON'T KNOW 8</p>	
514B	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 517B
515B	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	<p>FIRST TWO WEEKS 1 LATER 2</p>	
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?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 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?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 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?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 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?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 526B
524B	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>	
526B	<p>CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2012-2015?</p> <p>MORE BIRTHS IN 2012-2015 <input type="checkbox"/> (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE)</p> <p>NO MORE BIRTHS IN 2012-2015 <input type="checkbox"/></p>		→ 601

SECTION 6. CHILD HEALTH AND NUTRITION

601	CHECK 224: ONE OR MORE BIRTHS IN 2010-2015 <input type="checkbox"/> NO BIRTHS IN 2010-2015 <input type="checkbox"/> → 648		
602	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH 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 type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
604	FROM 212 AND 216:	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 646) ←	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 646) ←
605	In the last six months, was (NAME) given a vitamin A dose like [this/any of these]? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 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 (SKIP TO 618) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 618) ← DON'T KNOW 8
609	CHECK 464: EVER BREASTFED? YES <input type="checkbox"/> NO <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? 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?		

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))	PUBLIC SECTOR 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 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC J PHARMACY K PRIVATE DOCTOR L CBD M PRIVATE OUTREACH CLINIC N OTHER PRIVATE MEDICAL SECTOR _____ O (SPECIFY) RETAIL GENERAL DEALER P SUPERMARKET Q TUCK SHOP R SERVICE STATION S BOTTLE STORE/BAR T OTHER RETAIL _____ U (SPECIFY) OTHER SOURCE CHURCH V FRIEND/RELATIVE W OTHER _____ X (SPECIFY)	PUBLIC SECTOR 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 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC J PHARMACY K PRIVATE DOCTOR L CBD M PRIVATE OUTREACH CLINIC N OTHER PRIVATE MEDICAL SECTOR _____ O (SPECIFY) RETAIL GENERAL DEALER P SUPERMARKET Q TUCK SHOP R SERVICE STATION S BOTTLE STORE/BAR T OTHER RETAIL _____ U (SPECIFY) OTHER SOURCE CHURCH V FRIEND/RELATIVE W OTHER _____ X (SPECIFY)
613	CHECK 612:	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 615) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 615) ←
614	Where did you first seek advice or treatment? USE LETTER CODE FROM 612.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH		
		NAME _____	YES	NO	DK	NAME _____	YES
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>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>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? 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? b) What was given to treat the diarrhea?</p> <p>Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>ZINC C</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) D</p> <p>UNKNOWN PILL OR SYRUP E</p> <p>INJECTION</p> <p>ANTIBIOTIC F</p> <p>NON-ANTIBIOTIC G</p> <p>UNKNOWN INJECTION H</p> <p>(IV) INTRAVENOUS..... I</p> <p>HOME REMEDY/ HERBAL MEDICINE G</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>ZINC C</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) D</p> <p>UNKNOWN PILL OR SYRUP E</p> <p>INJECTION</p> <p>ANTIBIOTIC F</p> <p>NON-ANTIBIOTIC G</p> <p>UNKNOWN INJECTION H</p> <p>(IV) INTRAVENOUS..... I</p> <p>HOME REMEDY/ HERBAL MEDICINE G</p> <p>OTHER _____ X (SPECIFY)</p>				
618	<p>Has (NAME) been ill with a fever at any time in the last 2 weeks?</p>	<p>YES 1</p> <p>NO 2</p> <p>(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	<p>At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>				
620	<p>Has (NAME) had an illness with a cough at any time in the last 2 weeks?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>				
621	<p>Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?</p>	<p>YES 1</p> <p>NO 2</p> <p>(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	<p>Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?</p>	<p>CHEST ONLY 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER _____ 6 (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 (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))	PUBLIC SECTOR 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 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC J PHARMACY K PRIVATE DOCTOR L CBD M PRIVATE OUTREACH CLINIC N OTHER PRIVATE MEDICAL SECTOR _____ O (SPECIFY) RETAIL GENERAL DEALER P SUPERMARKET Q TUCK SHOP R SERVICE STATION S BOTTLE STORE/BAR T OTHER RETAIL _____ U (SPECIFY) OTHER SOURCE CHURCH V FRIEND/RELATIVE W OTHER _____ X (SPECIFY)	PUBLIC SECTOR 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 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC J PHARMACY K PRIVATE DOCTOR L CBD M PRIVATE OUTREACH CLINIC N OTHER PRIVATE MEDICAL SECTOR _____ O (SPECIFY) RETAIL GENERAL DEALER P SUPERMARKET Q TUCK SHOP R SERVICE STATION S BOTTLE STORE/BAR T OTHER RETAIL _____ U (SPECIFY) OTHER SOURCE 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		NEXT-TO-LAST BIRTH	
		NAME _____		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.	ANTIMALARIAL DRUGS 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) ANTIBIOTIC DRUGS PILL/SYRUP H INJECTION/IV I OTHER DRUGS ASPIRIN J ACETAMINOPHEN K IBUPROFEN L OTHER _____ X (SPECIFY) DON'T KNOW Z		ANTIMALARIAL DRUGS 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) ANTIBIOTIC DRUGS PILL/SYRUP H INJECTION/IV I OTHER DRUGS ASPIRIN J ACETAMINOPHEN K IBUPROFEN L OTHER _____ X (SPECIFY) DON'T KNOW Z	
631	CHECK 630: ANY CODE A-G CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 646) ←		YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 646) ←	
632	CHECK 630: ARTESUNATE AND LUMAFANTRINE ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 634) ←		CODE 'A' CIRCLED <input type="checkbox"/> 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 <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 638) ←		CODE 'B' CIRCLED <input type="checkbox"/> 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		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____
638	CHECK 630: QUININE INJECTION OR QUININE PILLS WITH DOXYCYCLINE ('C' OR 'D') GIVEN	CODE 'C' OR 'D' CIRCLED <input type="checkbox"/> ↓	CODE C' OR 'D' NOT CIRCLED <input type="checkbox"/> ← (SKIP TO 640)	CODE 'C' OR 'D' CIRCLED <input type="checkbox"/> ↓	CODE C' OR 'D' NOT CIRCLED <input type="checkbox"/> ← (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	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 'E' OR 'F' CIRCLED <input type="checkbox"/> ↓	CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/> ← (SKIP TO 642)	CODE 'E' OR 'F' CIRCLED <input type="checkbox"/> ↓	CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/> ← (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	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" CIRCLED <input type="checkbox"/> ↓	CODE "G" NOT CIRCLED <input type="checkbox"/> ← (SKIP TO 646)	CODE "G" CIRCLED <input type="checkbox"/> ↓	CODE "G" NOT CIRCLED <input type="checkbox"/> ← (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	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: NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/>	ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/>	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 ONE OR MORE <input type="checkbox"/> _____ (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓	NONE <input type="checkbox"/>	701

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
650	<p>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:</p>				
		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, covov, 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. <input type="text"/> <input type="text"/>	
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 <input type="text"/> <input type="text"/> DON'T KNOW 98	
708	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
709	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
710	CHECK 709: MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> ↓ a) In what month and year did you start living with your (husband/partner)? MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> ↓ b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 712
711	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
712	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE		
713	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> 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 <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"/>	→ 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"/> DONT KNOW 98	NUMBER OF TIMES <input type="text"/> <input type="text"/> DONT KNOW 98	NUMBER OF TIMES <input type="text"/> <input type="text"/> DONT KNOW 98
721	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DONT KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DONT KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DONT 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) ← DONT KNOW 98	YES 1 NO 2 (SKIP TO 722) ← DONT KNOW 98	YES 1 NO 2 (SKIP TO 722) ← DONT 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"/> DONT 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 → 730A NOT <input type="checkbox"/> ASKED → 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>PUBLIC SECTOR</p> <p>GOVT HOSPITAL/CLINIC 11</p> <p>RURAL HEALTH CENTRE 12</p> <p>MUNICIPAL CLINIC 13</p> <p>ZNFPC CLINIC 14</p> <p>ZNFPC 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/CLINI 21</p> <p>PRIVATE MEDICAL SECTOR</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>RETAIL OUTLET</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 SOURCE</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> <p style="text-align: center;"> <input type="checkbox"/> NOT ASKED <input type="checkbox"/> ASKED, YES </p> <p>a) Do you know of any other places where a person can get a male condom?</p> <p>b) Where is that? 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>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL/CLINIC A</p> <p>RURAL HEALTH CENTRE B</p> <p>MUNICIPAL CLINIC C</p> <p>ZNFPC CLINIC D</p> <p>ZNFPC CBD/DEPOT HOLDER E</p> <p>VILLAGE HEALTH WORKER F</p> <p>MOHCC MOBILE CLINIC G</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ H</p> <p style="text-align: center;">(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC I</p> <p>PRIVATE MEDICAL SECTOR</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>_____ O</p> <p style="text-align: center;">(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER P</p> <p>SUPERMARKET/TUCK SHOP Q</p> <p>SERVICE STATION R</p> <p>BOTTLE STORE/BAR S</p> <p>OTHER SOURCE</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 style="text-align: center;">(SPECIFY)</p>	
730C	If you wanted to, could you yourself get a condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
730D	Do you know of a place where a person can get female condoms?	YES 1 NO 2	→ 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>PUBLIC SECTOR</p> <p>GOVT HOSPITAL/CLINIC A</p> <p>RURAL HEALTH CENTRE B</p> <p>MUNICIPAL CLINIC C</p> <p>ZNFPC CLINIC D</p> <p>ZNFPC CBD/DEPOT HOLDER E</p> <p>VILLAGE HEALTH WORKER F</p> <p>MOHCC MOBILE CLINIC G</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ H</p> <p align="center">(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC I</p> <p>PRIVATE MEDICAL SECTOR</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>_____ O</p> <p align="center">(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER P</p> <p>SUPERMARKET/TUCK SHOP Q</p> <p>SERVICE STATION R</p> <p>BOTTLE STORE/BAR S</p> <p>OTHER SOURCE</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 border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>CHILDREN <10</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>MALE ADULTS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td align="center">1</td> <td align="center">2</td> </tr> </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 <table border="1" data-bbox="1209 689 1348 745"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> YEARS 2 <table border="1" data-bbox="1209 745 1348 801"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER _____ 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 CURRENTLY <input type="checkbox"/> 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> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>WANTS NO MORE/NONE <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>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> <p>Any other reason? _____</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD</p> <p>NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
811	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p>		→ 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> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>NO 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> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00 → 815</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 → 815 (SPECIFY)</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>	<p>BOYS GIRLS EITHER</p> <p>NUMBER .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input 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?	<table style="width:100%; border:none;"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) RADIO</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) TELEVISION</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) MOBILE PHONE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) PAMPHLETS OR POSTERS</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) NEWSPAPER OR MAGAZINE	1	2	d) MOBILE PHONE	1	2	e) PAMPHLETS OR POSTERS	1	2	
	YES	NO																			
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?	<table style="width:100%; border:none;"> <tr> <td>a) RADIO</td> <td align="right">1</td> </tr> <tr> <td>b) TELEVISION</td> <td align="right">2</td> </tr> <tr> <td>c) PRINT</td> <td align="right">3</td> </tr> <tr> <td>d) SPEAKING WITH SOMEONE</td> <td align="right">4</td> </tr> <tr> <td>e) MOBILE PHONE</td> <td align="right">5</td> </tr> <tr> <td>f) DON'T KNOW</td> <td align="right">8</td> </tr> </table>	a) RADIO	1	b) TELEVISION	2	c) PRINT	3	d) SPEAKING WITH SOMEONE	4	e) MOBILE PHONE	5	f) DON'T KNOW	8							
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: <table style="width:100%; border:none;"> <tr> <td align="center">YES, <input type="checkbox"/> CURRENTLY MARRIED ↓</td> <td align="center">YES, <input type="checkbox"/> LIVING WITH A MAN ↓</td> <td align="center">NO, <input type="checkbox"/> NOT IN A UNION →</td> </tr> </table>	YES, <input type="checkbox"/> CURRENTLY MARRIED ↓	YES, <input type="checkbox"/> LIVING WITH A MAN ↓	NO, <input type="checkbox"/> NOT IN A UNION →		→ 901															
YES, <input type="checkbox"/> CURRENTLY MARRIED ↓	YES, <input type="checkbox"/> LIVING WITH A MAN ↓	NO, <input type="checkbox"/> NOT IN A UNION →																			
818	CHECK 303: USING A CONTRACEPTIVE METHOD? <table style="width:100%; border:none;"> <tr> <td align="center">CURRENTLY <input type="checkbox"/> USING ↓</td> <td align="center">NOT CURRENTLY <input type="checkbox"/> USING →</td> </tr> <tr> <td></td> <td align="center">NOT ASKED <input type="checkbox"/> →</td> </tr> </table>	CURRENTLY <input type="checkbox"/> USING ↓	NOT CURRENTLY <input type="checkbox"/> USING →		NOT ASKED <input type="checkbox"/> →		→ 820 → 822														
CURRENTLY <input type="checkbox"/> USING ↓	NOT CURRENTLY <input type="checkbox"/> USING →																				
	NOT ASKED <input type="checkbox"/> →																				
819	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	<table style="width:100%; border:none;"> <tr> <td>MAINLY RESPONDENT</td> <td align="right">1</td> </tr> <tr> <td>MAINLY HUSBAND/PARTNER</td> <td align="right">2</td> </tr> <tr> <td>JOINT DECISION</td> <td align="right">3</td> </tr> <tr> <td>OTHER _____</td> <td align="right">6</td> </tr> <tr> <td align="center" colspan="2">(SPECIFY)</td> </tr> </table>	MAINLY RESPONDENT	1	MAINLY HUSBAND/PARTNER	2	JOINT DECISION	3	OTHER _____	6	(SPECIFY)		→ 821								
MAINLY RESPONDENT	1																				
MAINLY HUSBAND/PARTNER	2																				
JOINT DECISION	3																				
OTHER _____	6																				
(SPECIFY)																					
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?	<table style="width:100%; border:none;"> <tr> <td>MAINLY RESPONDENT</td> <td align="right">1</td> </tr> <tr> <td>MAINLY HUSBAND/PARTNER</td> <td align="right">2</td> </tr> <tr> <td>JOINT DECISION</td> <td align="right">3</td> </tr> <tr> <td>OTHER _____</td> <td align="right">6</td> </tr> <tr> <td align="center" colspan="2">(SPECIFY)</td> </tr> </table>	MAINLY RESPONDENT	1	MAINLY HUSBAND/PARTNER	2	JOINT DECISION	3	OTHER _____	6	(SPECIFY)										
MAINLY RESPONDENT	1																				
MAINLY HUSBAND/PARTNER	2																				
JOINT DECISION	3																				
OTHER _____	6																				
(SPECIFY)																					
821	CHECK 304: <table style="width:100%; border:none;"> <tr> <td align="center">NEITHER ARE <input type="checkbox"/> STERILIZED ↓</td> <td align="center">HE OR SHE ARE <input type="checkbox"/> STERILIZED →</td> </tr> </table>	NEITHER ARE <input type="checkbox"/> STERILIZED ↓	HE OR SHE ARE <input type="checkbox"/> STERILIZED →		→ 901																
NEITHER ARE <input type="checkbox"/> STERILIZED ↓	HE OR SHE ARE <input type="checkbox"/> STERILIZED →																				
822	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	<table style="width:100%; border:none;"> <tr> <td>SAME NUMBER</td> <td align="right">1</td> </tr> <tr> <td>MORE CHILDREN</td> <td align="right">2</td> </tr> <tr> <td>FEWER CHILDREN</td> <td align="right">3</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	SAME NUMBER	1	MORE CHILDREN	2	FEWER CHILDREN	3	DON'T KNOW	8											
SAME NUMBER	1																				
MORE CHILDREN	2																				
FEWER CHILDREN	3																				
DON'T KNOW	8																				

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	→ 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	<input type="checkbox"/> → 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)	<table border="0"> <tr> <td></td> <td align="center">PRES./</td> <td align="center">PRES./</td> <td></td> </tr> <tr> <td></td> <td align="center">LISTEN.</td> <td align="center">NOT</td> <td align="center">NOT</td> </tr> <tr> <td></td> <td></td> <td align="center">LISTEN.</td> <td align="center">PRES.</td> </tr> <tr> <td>CHILDREN < 10</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>HUSBAND</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>OTHER MALES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>OTHER FEMALES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> </table>		PRES./	PRES./			LISTEN.	NOT	NOT			LISTEN.	PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3	
	PRES./	PRES./																													
	LISTEN.	NOT	NOT																												
		LISTEN.	PRES.																												
CHILDREN < 10	1	2	3																												
HUSBAND	1	2	3																												
OTHER MALES	1	2	3																												
OTHER FEMALES	1	2	3																												
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food? f) If she commmits infidelity?	<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) GOES OUT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) NEGLECTS CHILDREN ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) ARGUES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) REFUSES SEX</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e) BURNS FOOD</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>f) INFIDELITY</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGLECTS CHILDREN ..	1	2	8	c) ARGUES	1	2	8	d) REFUSES SEX	1	2	8	e) BURNS FOOD	1	2	8	f) INFIDELITY	1	2	8	
	YES	NO	DK																												
a) GOES OUT	1	2	8																												
b) NEGLECTS CHILDREN ..	1	2	8																												
c) ARGUES	1	2	8																												
d) REFUSES SEX	1	2	8																												
e) BURNS FOOD	1	2	8																												
f) 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 align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) During delivery?</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) By breastfeeding?</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) During pregnancy?	1	2	8	b) During delivery?	1	2	8	c) By breastfeeding?	1	2	8	
	YES	NO	DK																
a) During pregnancy?	1	2	8																
b) During delivery?	1	2	8																
c) By breastfeeding?	1	2	8																
1009	CHECK 1008: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AT LEAST <input type="checkbox"/> ONE 'YES' ↓ </div> <div style="text-align: center;"> 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; align-items: center;"> <div style="text-align: center;"> LAST BIRTH IN <input type="checkbox"/> 2013-2015 ↓ </div> <div style="text-align: center;"> NO BIRTHS <input type="checkbox"/> → 1027 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; align-items: center;"> <div style="text-align: center;"> HAD <input type="checkbox"/> ANTENATAL CARE ↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> ANTENATAL CARE → 1020 </div> </div>																		
1013	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		

SECTION 10. HIV and AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1024	CHECK 1016: YES <input type="checkbox"/>	NO OR <input type="checkbox"/> NOT ASKED	→ 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)	PUBLIC SECTOR 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 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 31 NEW START CENTRE 32 SCHOOL BASED CLINIC 33 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER SOURCE 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>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</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>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ 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>OTHER SOURCE</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> <p>HEARD ABOUT HIV OR AIDS <input type="checkbox"/></p> <p>NOT 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> <p>b) Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p>	
1043	<p>CHECK 713:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		→ 1051
1044	<p>CHECK 1042: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>YES <input type="checkbox"/></p> <p>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> <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>		→ 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>PUBLIC SECTOR</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>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR I</p> <p>PHARMACY J</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP L</p> <p>MOBILE VCT M</p> <p>WORKPLACE N</p> <p>TRADITIONAL HERBALIST O</p> <p>OTHER _____ X</p> <p>(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/ LIVING WITH A MAN <input type="checkbox"/>	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	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>																
1104	<p>Do you currently smoke cigarettes every day, some days, or not at all?</p>	<p>EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3</p>	→ 1106															
1105	<p>On average, how many cigarettes do you currently smoke each day?</p>	<p>NUMBER OF CIGARETTES <input type="text"/> <input type="text"/></p>																
1106	<p>Do you currently smoke or use any other type of tobacco every day, some days, or not at all?</p>	<p>EVERY DAY 1 SOME DAYS 2 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 SNUFF B OTHER _____ X (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	<p>Have you ever heard of cervical cancer?</p>	<p>YES 1 NO 2</p>	→ 1109															
1108B	<p>Have you ever been screened for cervical cancer?</p>	<p>YES 1 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 <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"/>	
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 <input type="text"/> <input type="text"/> 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 <input type="text"/> <input type="text"/> 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 <input type="text"/> <input type="text"/> 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: TWO OR MORE BIRTHS <input type="checkbox"/> ↓ ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> →							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						
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"/>						
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"/>						
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	CHECK HOUSEHOLD QUESTIONNAIRE, [LOCATION TO BE CHECKED] WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/>	WOMAN <input type="checkbox"/> NOT SELECTED	NEXT SECT.																												
1301	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1	PRIVACY NOT POSSIBLE 2	1332																												
1301A	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in 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.																														
1302	CHECK 701 AND 702: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/>	FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/PARTNER') <input type="checkbox"/>	NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> → 1316																												
1303	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)? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times? f) He (does/did) not trust you with any money?	<table border="0"> <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	
	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																												
1304	Now I need to ask some more questions about your relationship with your (last) (husband/partner). A. Did your (last) (husband/partner) ever: a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone you care about? c) insult you or make you feel bad about yourself?	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) say or do something to humiliate you in front of others?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) threaten to hurt or harm you or someone you care about?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) insult you or make you feel bad about yourself?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) say or do something to humiliate you in front of others?	YES 1 NO 2	→ 1	2	3	b) threaten to hurt or harm you or someone you care about?	YES 1 NO 2	→ 1	2	3	c) insult you or make you feel bad about yourself?	YES 1 NO 2	→ 1	2	3									
	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS																											
a) say or do something to humiliate you in front of others?	YES 1 NO 2	→ 1	2	3																											
b) threaten to hurt or harm you or someone you care about?	YES 1 NO 2	→ 1	2	3																											
c) insult you or make you feel bad about yourself?	YES 1 NO 2	→ 1	2	3																											

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 colspan="2">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</td> <td>NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) slap you?</td> <td>YES 1</td> <td>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</td> <td>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</td> <td>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</td> <td>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</td> <td>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</td> <td>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</td> <td>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</td> <td>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</td> <td>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		
	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																																																																
1306	CHECK 1305A (a-j): AT LEAST ONE 'YES' <input type="checkbox"/>	NOT A SINGLE 'YES' <input type="checkbox"/> → 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 border="1"> <tbody> <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> </tbody> </table>	YES	1	NO	2	YES	1	NO	2	YES	1	NO	2																																																							
YES	1																																																																				
NO	2																																																																				
YES	1																																																																				
NO	2																																																																				
YES	1																																																																				
NO	2																																																																				
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 border="1"> <tbody> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </tbody> </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	<p>A. So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner).</p> <table border="1" data-bbox="694 831 1369 1301"> <thead> <tr> <th data-bbox="694 831 884 927">EVER</th> <th data-bbox="884 831 1070 927">0 - 11 MONTHS AGO</th> <th data-bbox="1070 831 1257 927">12+ MONTHS AGO</th> <th data-bbox="1257 831 1369 927">DON'T REMEMBER</th> </tr> </thead> <tbody> <tr> <td data-bbox="694 927 884 1025">a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically? YES 1 NO 2 ↓</td> <td data-bbox="884 927 1070 1025">→ 1</td> <td data-bbox="1070 927 1257 1025">2</td> <td data-bbox="1257 927 1369 1025">3</td> </tr> <tr> <td data-bbox="694 1025 884 1301">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 ↓</td> <td data-bbox="884 1025 1070 1301">→ 1</td> <td data-bbox="1070 1025 1257 1301">2</td> <td data-bbox="1257 1025 1369 1301">3</td> </tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically? YES 1 NO 2 ↓	→ 1	2	3	b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will? YES 1 NO 2 ↓	→ 1	2	3	B. How long ago did this last happen?	
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	<p>CHECK 701 AND 702:</p> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> ↓</p> <p>a) From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> ↓</p> <p>b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>	<p>YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3</p>	→ 1319												

SECTION 13: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1317	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E CURRENT BOYFRIEND F FORMER BOYFRIEND G MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J TEACHER K EMPLOYER/SOMEONE AT WORK .. L POLICE/SOLDIER M OTHER _____ X (SPECIFY)	
1318	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1319	CHECK 201, 226, AND 230: EVER BEEN PREGNANT <input type="checkbox"/> ('YES' ON 201 OR 226 OR 230) ↓	NEVER BEEN PREGNANT <input type="checkbox"/> → 1322	
1320	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2 → 1322	
1321	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND/PARTNER G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M EMPLOYER/SOMEONE AT WORK .. N POLICE/SOLDIER O OTHER _____ X (SPECIFY)	
1322	CHECK 701 AND 702: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> ↓	NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> → 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?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1323 → 1324A
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?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 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 <input type="text"/> <input type="text"/> YEARS 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

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS

INSTRUCTIONS:

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

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- 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	
	12	DEC	01		
	11	NOV	02		
	10	OCT	03		
2	09	SEP	04		
	08	AUG	05		
	07	JUL	06		
	06	JUN	07		
	05	MAY	08		
0	04	APR	09		
	03	MAR	10		
	02	FEB	11		
	01	JAN	12		
	12	DEC	13		
	11	NOV	14		
	10	OCT	15		
2	09	SEP	16		
	08	AUG	17		
	07	JUL	18		
	06	JUN	19		
	05	MAY	20		
1	04	APR	21		
	03	MAR	22		
	02	FEB	23		
	01	JAN	24		
	12	DEC	25		
	11	NOV	26		
	10	OCT	27		
2	09	SEP	28		
	08	AUG	29		
	07	JUL	30		
	06	JUN	31		
	05	MAY	32		
0	04	APR	33		
	03	MAR	34		
	02	FEB	35		
	01	JAN	36		
	12	DEC	37		
	11	NOV	38		
	10	OCT	39		
2	09	SEP	40		
	08	AUG	41		
	07	JUL	42		
	06	JUN	43		
	05	MAY	44		
1	04	APR	45		
	03	MAR	46		
	02	FEB	47		
	01	JAN	48		

