

SOUTH AFRICA DEMOGRAPHIC AND HEALTH SURVEY 2003
WOMAN'S QUESTIONNAIRE

IDENTIFICATION				
PROVINCE* _____	[]			
DISTRICT _____	[] [] []			
EA NUMBER	[] [] [] []			
EA TYPE (URBAN FORMAL=1; URBAN INFORMAL=2; RURAL FORMAL=3; TRIBAL AREA=4)	[]			
SADHS CLUSTER NUMBER.....	[] [] []			
STAND NUMBER.....	[] [] []			
HOUSEHOLD NUMBER.....	[] []			
NAME OF HOUSEHOLD HEAD _____				
NAME AND LINE NUMBER OF WOMAN _____	[] []			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [] [] MONTH [] [] YEAR 2 [] 0 [] 0 [] []
INTERVIEWER'S NAME	_____	_____	_____	INT.CODE [] [] [] []
RESULT**	_____	_____	_____	RESULT [] [] [] []
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS []
TIME	_____	_____		
** RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ (SPECIFY) 3 POSTPONED 6 INCAPACITATED				
LANGUAGE				
LANGUAGE OF QUESTIONNAIRE: ENGLISH				[] []
LANGUAGE OF INTERVIEW *** _____				[] []
HOME LANGUAGE OF RESPONDENT*** _____				[] []
WAS A TRANSLATOR USED? (YES=1, NO=2)				[] []
*** LANGUAGE CODES: 01 ENGLISH 04 isiZULU 07 SePEDI 10 XITSONGA 02 AFRIKAANS 05 SeSOTHO 08 SiSWATI 11 isiNDEBELE 03 isiXHOSA 06 SeTSWANA 09 TshiVENDA 12 OTHER _____ (SPECIFY)				
SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY	
NAME _____ [] []	NAME _____ [] []	[] []	[] []	
DATE _____ [] []	DATE _____ [] []	[] []	[] []	

*PROVINCE: WESTERN CAPE=1; EASTERN CAPE=2; NORTHERN CAPE=3; FREE STATE=4; KWAZULU-NATAL=5; NORTHWEST=6; GAUTENG=7; MPUMALANGA=8; LIMPOPO=9

SECTION 1: RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, on a farm or in rural areas, in an informal settlement?	CITY 1 TOWN..... 2 RURAL/FARM 3 INFORMAL SETTLEMENT 4	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS..... 95 VISITOR 96	→105
104	Just before you moved here, did you live in a city, in a town, or in a rural area/farm?	CITY 1 TOWN..... 2 RURAL/FARM 3	
105	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DOES NOT KNOW MONTH 98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DOES NOT 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	→113
108	What is the highest (standard/grade/year) you completed?	LESS THAN 1 YEAR COMPLETED 00 SUB A/GRADE 1 01 SUB B/GRADE 2 02 STANDARD 1/GRADE 3 03 STANDARD 2/GRADE 4 04 STANDARD 3/GRADE 5 05 STANDARD 4/GRADE 6 06 STANDARD 5/GRADE 7 07 STANDARD 6/GRADE 8 08 STANDARD 7/GRADE 9 09 STANDARD 8/GRADE 10 10 STANDARD 9/GRADE 11 11 STANDARD 10/GRADE 12 12 FURTHER STUDIES INCOMPLETE 13 DIPLOMA/OTHER POSTSCHL COMPL. 14 FURTHER DEGREE COMPLETE 15	
109	CHECK 106: AGE 24 OR BELOW <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/>		→112
110	Are you currently attending school?	YES 1 NO 2	→112

SENTENCES FOR LITERACY TEST (Q. 113)

ENGLISH

1. The child is reading a book.
2. The rains came late this year.
3. Parents must care for their children.
4. Farming is hard work.

AFRIKAANS

1. Die kind lees 'n boek.
2. Die reën het hierdie jaar laat gekom.
3. Ouers moet vir hulle kinders sorg.
4. Boerdery is harde werk

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
	<p>Now I would like to ask you about all the pregnancies that you have had in your lifetime. By this I mean all the children born to you, whether they were born alive or dead, whether still living or not, whether living with you or elsewhere, and all the pregnancies that you have had that did not result in a live birth. I understand that it is not easy to talk about children who have died, or pregnancies that have terminated before full term, but it is extremely important that you tell us about <u>all</u> of them, so that we can develop programs that will help the Government of South Africa improve children's health in the future.</p>										
201	<p>Now I would like to ask about all the births you have had during your life. Have you ever given birth?</p>	<p>YES 1 NO 2</p>	→206								
202	<p>Do you have any sons or daughters to whom you have given birth who are now living with you?</p>	<p>YES 1 NO 2</p>	→204								
203	<p>How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.</p>	<p>SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p>									
204	<p>Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p>	<p>YES 1 NO 2</p>	→206								
205	<p>How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.</p>	<p>SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p>									
206	<p>Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive or survived only few hours or days?</p>	<p>YES 1 NO 2</p>	→208								
207	<p>How many boys have died? And how many girls have died? IF NONE, RECORD '00'.</p>	<p>BOYS DEAD..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p>									
208	<p>SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.</p>	<p>TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table></p>									
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? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.</p>										
210	<p>CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →225</p>										

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

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? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING...1 MULT...2	BOY..1 GIRL.2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (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	SING...1 MULT...2	BOY..1 GIRL.2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GOTO 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 NO.....2
03	SING...1 MULT...2	BOY..1 GIRL.2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GOTO 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 NO.....2
04	SING...1 MULT...2	BOY..1 GIRL.2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GOTO 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 NO.....2
05	SING...1 MULT...2	BOY..1 GIRL.2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GOTO 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 NO.....2
06	SING...1 MULT...2	BOY..1 GIRL.2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GOTO 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 NO.....2
07	SING...1 MULT...2	BOY..1 GIRL.2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GOTO 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 NO.....2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF ALIVE:	220 IF DEAD:	221	
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF <input type="checkbox"/> 1 YR \square , PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?	
08	SING...1 MULT...2	BOY.. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GOTO 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 NO 2	
09	SING...1 MULT...2	BOY.. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GOTO 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 NO 2	
10	SING...1 MULT...2	BOY.. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GOTO 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 NO 2	
11	SING...1 MULT...2	BOY.. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GOTO 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 NO 2	
12	SING...1 MULT...2	BOY.. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GOTO 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 NO 2	
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?					YES 1 NO 2				
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>↓</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>									
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1998 OR LATER. IF NONE, RECORD '0'.								<input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	Are you pregnant now?	YES 1 NO 2 UNSURE 8	↳228
226	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
227	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	
228	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO/ DON'T KNOW 2	↳236
229	How many such pregnancies did you have?	NO. OF PREGN. DID NOT RESULT IN LIVE BIRTHS <input type="text"/> <input type="text"/>	
230	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"/>	
231	CHECK 230: LAST PREGNANCY ENDED IN <input type="checkbox"/> JAN. 2000 OR LATER	LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> _____ JAN. 2000	↳236
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. CODE DON'T KNOW AS "98"	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW.....98	
233	Have you ever had any other pregnancies which did not result in a live birth?	YES 1 NO 2	↳236
234	When did the previous such pregnancy end?	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
235	How many months pregnant were you when that pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
236	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	
237	From one menstrual period to the next, is there a time when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	↳301

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
238	Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?	JUST BEFORE HER PERIOD BEGINS.... 1 DURING HER PERIOD2 RIGHT AFTER HER PERIOD HAS ENDED.....3 HALF WAY BETWEEN PERIODS4 OTHER _____ 6 (SPECIFY) DON'T KNOW8	

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES.....1 NO2 ▾
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES.....1 NO2 ▾
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES.....1 NO2 ▾
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES.....1 NO2 ▾
05	INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES.....1 NO2 ▾
06	IMPLANTS, NORPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES.....1 NO2 ▾
07	MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES.....1 NO2 ▾
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES.....1 NO2 ▾
09	DIAPHRAGM, FOAM OR JELLY Women can place a sponge, a suppository, a diaphragm, jelly, or cream in their vagina before intercourse.	YES.....1 NO2 ▾
10	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES.....1 NO2 ▾
11	RHYTHM OR CALENDER METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES.....1 NO2 ▾
12	WITHDRAWAL Men can be careful and pull out before climax.	YES.....1 NO2 ▾
13	EMERGENCY CONTRACEPTION Women can take pills up to three days(72 HOURS) after unprotected sexual intercourse to avoid becoming pregnant.	YES.....1 NO2 ▾
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy? _____ (SPECIFY) _____ (SPECIFY) NO2	YES 1 NO 2 YES 1 NO 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> →306	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES1 NO2	→316
305	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
306	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
307	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→310A
308	CHECK 225: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→316
309	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES1 NO2	→316
310 310A	Which method are you using? IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST. CIRCLE 'A' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D 2-MONTHLY INJECTABLE(NET-EN) E 3-MONTHLY INJECTABLE (DEPO) F IMPLANTS/NORPLANTS G MALE CONDOM H FEMALE CONDOM I DIAPHRAGM/FOAM/JELLY J HERBS/REMEDIES K LACTATIONAL AMEN. METHOD L PERIODIC ABSTINENCE M WITHDRAWAL N OTHER _____ X (SPECIFY)	→313A
311	In what facility did the sterilization take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL11 DAY HOSPITAL/CLINIC/COMMUNITY HEALTH CENTER12 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC21 PRIVATE DOCTOR23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>DAY HOSPITAL/CLINIC/COMMUNITY HEALTH CENTRE B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>COMMUNITY HEALTH WORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>OTHER PRIVATE MEDICAL _____ J</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>WORKPLACE K</p> <p>COMMUNITY-BASED DISTRIBUTOR L</p> <p>SHOP/HOTEL/SCHOOL/CINEMA M</p> <p>FRIENDS/RELATIVES N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 1998 OR LATER <input type="checkbox"/> NO BIRTHS IN 1998 OR LATER <input type="checkbox"/>	→483	
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1998 OR LATER. 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 QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately)		
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE 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	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN.....1 (SKIP TO 407)← LATER.....2 (SKIP TO 406)← NOT AT ALL.....3	THEN.....1 (SKIP TO 422)← LATER.....2 (SKIP TO 406)← NOT AT ALL.....3
405A	Were you using a contraceptive method when you fell pregnant?	YES1 (SKIP TO 407)← NO2	YES1 (SKIP TO 422)← NO2
406	How much longer would you like to have waited?	MONTHS.....1 <input type="text"/> <input type="text"/> YEARS2 <input type="text"/> <input type="text"/> DON'T KNOW998	MONTHS.....1 <input type="text"/> <input type="text"/> YEARS2 <input type="text"/> <input type="text"/> DON'T KNOW998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTORA NURSE/MIDWIFE.....B OTHER PERSON TRADITIONAL BIRTH ATTENDANTC OTHER _____X (SPECIFY) NO ONEY (SKIP TO 415)←	
407A	Where did the first antenatal care visit take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL 11 DAY HOSPITAL/ CLINIC/COMMUNITY HEALTH CENTER 12 MOBILE CLINIC 13 OTHER PUBLIC _____ 15 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..... 21 OTHER PVT. MEDICAL _____ 22 (SPECIFY) OTHER _____ 96 (SPECIFY)	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																		
408	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																			
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98																			
410	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE <input type="checkbox"/> MORE THAN ONCE OR DK <input type="checkbox"/> (SKIP TO 412) <input type="checkbox"/>																			
411	How many months pregnant were you the last time you received antenatal care?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98																			
412	During this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	<table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WEIGHT.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEIGHT.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD PRESSURE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE SAMPLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD SAMPLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WEIGHT.....	1	2	HEIGHT.....	1	2	BLOOD PRESSURE.....	1	2	URINE SAMPLE.....	1	2	BLOOD SAMPLE.....	1	2	
	YES	NO																			
WEIGHT.....	1	2																			
HEIGHT.....	1	2																			
BLOOD PRESSURE.....	1	2																			
URINE SAMPLE.....	1	2																			
BLOOD SAMPLE.....	1	2																			
413	Were you told about the signs of pregnancy complications?	YES..... 1 NO..... 2 (SKIP TO 415) ← <input type="checkbox"/> DON'T KNOW..... 8																			
414	Were you told where to go if you had these complications?	YES..... 1 NO..... 2 DON'T KNOW..... 8																			
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES..... 1 NO..... 2 (SKIP TO 417) ← <input type="checkbox"/> DON'T KNOW..... 8																			
416	During this pregnancy, how many times did you get this injection?	TIMES..... <input type="text"/> DON'T KNOW..... 8																			
417	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLET.	YES..... 1 NO..... 2 (SKIP TO 419) ← <input type="checkbox"/> DON'T KNOW..... 8																			
418	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW..... 998																			
419	During this pregnancy, did you have difficulty with your vision during the daylight?	YES..... 1 NO..... 2 DON'T KNOW..... 8																			
420	During this pregnancy, did you suffer from night blindness?	YES..... 1 NO..... 2 DON'T KNOW..... 8																			

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
421A	During this pregnancy, did you suffer from malaria?	YES..... 1 NO..... 2 (SKIP TO 421D) ← DON'T KNOW..... 8	
421B	Did you take any drugs to treat malaria during this pregnancy?	YES..... 1 NO..... 2 (SKIP TO 421D) ← DON'T KNOW..... 8	
421C	What drugs did you take to treat malaria? RECORD ALL MENTIONED.	COARTEM..... A ARSUMAX..... B FANSIDAR..... C ORAL QUININE..... D UNKNOWN DRUG..... E OTHER _____ X (SPECIFY)	
421D	During this pregnancy, did you take any drugs to prevent you from getting malaria?	YES..... 1 NO..... 2 (SKIP TO 422) ← DON'T KNOW..... 8	
421E	What drugs did you take to prevent malaria? RECORD ALL MENTIONED.	DARAMAL..... A MIRQUIN..... B NIVAQUINE..... C PLASMOQUINE..... D PALUDRINE..... E LARIAM..... F MEFLIAM..... G DOXIMAL..... H DOXITAB..... I RANDOCLIN..... J VIBRAMYCIN..... K DOXYCYL..... L DUMOCIN..... M ROLAB CHLOROQUINE..... N PHOSPHATE TABS..... O OTHER _____ X (SPECIFY)	
422	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small? UNPROMPTED	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
423	Was (NAME) weighed at birth?	YES..... 1 NO..... 2 (SKIP TO 425) ← DON'T KNOW..... 8	YES..... 1 NO..... 2 (SKIP TO 425) ← DON'T KNOW..... 8
424	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD..... 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL..... 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW..... 99998	GRAMS FROM CARD..... 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL..... 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW..... 99998

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____				
425	<p>Who assisted with the delivery?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT C RELATIVE/FRIEND D OTHER _____ X (SPECIFY) NO ONE Y</p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT C RELATIVE/FRIEND D OTHER _____ X (SPECIFY) NO ONE Y</p>				
426	<p>Where did you give birth?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME YOUR HOME 11 (SKIP TO 428) ← _____] OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 DAYHOSP/CLINIC/COMMUNITY HEALTH CENTER 22 MOBILE CLINIC 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 428) ← _____]</p>	<p>HOME YOUR HOME 11 (SKIP TO 428) ← _____] OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 DAYHOSP/CLINIC/COMMUNITY HEALTH CENTER 22 MOBILE CLINIC 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 428) ← _____]</p>				
427	Was (NAME) delivered by caesarian section?	<p>YES 1 (SKIP TO 432) ← _____] NO 2</p>	<p>YES 1 (SKIP TO 434) ← _____] NO 2</p>				
428	After (NAME) was born, did a health professional or a traditional birth attendant check on your health? (A home or at health facility)	<p>YES 1 NO 2 (SKIP TO 432) ← _____]</p>	<p>YES 1 NO 2</p>				
429	<p>How many days or weeks after the delivery did the first check take place?</p> <p>RECORD '00' DAYS IF SAME DAY.</p>	<p>DAYS AFTER DEL 1</p> <table border="1" data-bbox="1002 1361 1098 1478"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p>WEEKS AFTER DEL .. 2</p> <p>DON'T KNOW 998</p>					
430	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PROFESSIONAL DOCTOR 11 NURSE/MIDWIFE 12 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER _____ 96 (SPECIFY)</p>					

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
431	Where did this first check take place? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 DAYHOSP/CLINIC/COMMUNITY HEALTH CENTER 22 MOBILE CLINIC 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	
432	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW AMPULE/CAPSULE.	YES 1 NO 2	
433	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 435) ← NO 2 (SKIP TO 436) ←	
434	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 438) ←
435	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
436	CHECK 225: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/> NANT (SKIP TO 438) ←	
437	Have you resumed sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 439) ←	
438	For how many months after the birth of (NAME) did you <u>not</u> 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
439	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 446) ←	YES 1 NO 2 (SKIP TO 446) ←
440	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"/>	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>
441	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES 1 NO/ DON'T KNOW 2 (SKIP TO 443) ←	YES 1 NO/ DON'T KNOW 2 (SKIP TO 443) ←

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
442	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL LIQUIDS MENTIONED	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER _____ X (SPECIFY)
443	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ ↓ (SKIP TO 445)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ ↓ (SKIP TO 445)
444	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 447) ← NO 2	YES 1 (SKIP TO 447) ← NO 2
445	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
446	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ ↓ (SKIP TO 449) (GO BACK TO 404 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 451)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ ↓ (SKIP TO 449) (GO BACK TO 404 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 451)
447	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. IF CONTINUOUS ACCESS CODE AS "95"	NUMBER OF NIGHTTIME FEEDINGS. <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS. <input type="text"/> <input type="text"/>
448	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS... <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS .. <input type="text"/> <input type="text"/>
449	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
450	At any time yesterday or last night, was (NAME) given any of the following:	YES NO DK PLAIN WATER 1 2 8 SUGAR WATER/JUICE . 1 2 8 HERBAL/ROOIBOS TEA 1 2 8 BABY FORMULA 1 2 8 ANY KIND OF MILK 1 2 8 OTHER LIQUIDS 1 2 8 FOOD MADE FROM MAIZE/RICE/WHEAT . 1 2 8 EGGS/FISH/POULTRY.. 1 2 8 MEAT 1 2 8 FRUITS OR VEG. 1 2 8 OTHER SOLID/ SEMI-SOLID FOODS. 1 2 8	YES NO DK PLAIN WATER 1 2 8 SUGAR WATER/JUICE . 1 2 8 HERBAL/ROOIBOS TEA 1 2 8 BABY FORMULA 1 2 8 ANY KIND OF MILK 1 2 8 OTHER LIQUIDS 1 2 8 FOOD MADE FROM MAIZE/RICE/WHEAT.. 1 2 8 EGGS/FISH/POULTRY.. 1 2 8 MEAT 1 2 8 FRUITS OR VEG. 1 2 8 OTHER SOLID/ SEMI-SOLID FOODS. 1 2 8
451		GO BACK TO 404 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 452.	GO BACK TO 404 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 452.

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
459	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, HEP 1-3, MEASLES VACCINE(S) AND/OR VITAMIN A.	YES 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 458) (SKIP TO 462) ← NO 2 (SKIP TO 462) ← DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 458) (SKIP TO 462) ← NO 2 (SKIP TO 462) ← DON'T KNOW 8
460	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 463) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463) ← DON'T KNOW 8
461	Please tell me if (NAME) received any of the following vaccinations:		
461A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
461B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 461E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 461E) ← DON'T KNOW 8
461C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH 1 LATER 2	JUST AFTER BIRTH 1 LATER 2
461D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
461E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 461G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 461G) ← DON'T KNOW 8
461F	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
461G	A Hepatitis B vaccination, that is, an injection given in the arm or shoulder, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 461I) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 461I) ← DON'T KNOW 8
461H	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
461I	An injection to prevent measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
461J	A Vitamin A dose in an ampule, capsule or tablet?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
462	Were any of the vaccinations (NAME) received during the last two years given as a part of a national immunization day campaign?	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YEARS 3 DON'T KNOW 8	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YEARS 3 DON'T KNOW 8
463	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
464	Has (NAME) had an illness with a cough (any cough wet/dry) at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 466) ← DO NOT KNOW 8	YES 1 NO 2 (SKIP TO 466) ← DO NOT KNOW 8
465	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES 1 NO 2 DO NOT KNOW 8	YES 1 NO 2 DO NOT KNOW 8
466	CHECK 463 AND 464: FEVER OR COUGH?	"YES" IN 463 OR 464 <input type="checkbox"/> ↓ (SKIP TO 472)	"YES" IN 463 OR 464 <input type="checkbox"/> ↓ (SKIP TO 472)
467	Did you seek advice or treatment for the fever/cough?	YES 1 NO 2 (SKIP TO 469) ←	YES 1 NO 2 (SKIP TO 469) ←
468	Where did you seek advice or treatment? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Anywhere else? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL A DAYHOSP/CLINIC/COMMUNITY HEALTH CENTER B MOBILE CLINIC C OTHER PUBLIC D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC E PHARMACY F PRIVATE DOCTOR G MOBILE CLINIC H OTHER PRIVATE MEDICAL I (SPECIFY) OTHER SOURCE SHOP J TRAD. PRACTITIONER K OTHER X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL A DAYHOSP/CLINIC/COMMUNITY HEALTH CENTER B MOBILE CLINIC C OTHER PUBLIC D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC E PHARMACY F PRIVATE DOCTOR G MOBILE CLINIC H OTHER PRIVATE MEDICAL I (SPECIFY) OTHER SOURCE SHOP J TRAD. PRACTITIONER K OTHER X (SPECIFY)
469	CHECK 463: HAD FEVER?	"YES" IN 463 <input type="checkbox"/> ↓ (SKIP TO 472)	"NO" OR "DK" IN 463 <input type="checkbox"/> ↓ (SKIP TO 472)
470	Did (NAME) take any drugs for the fever?	YES 1 NO 2 (SKIP TO 472) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 472) ← DON'T KNOW 8
471	What drugs did (NAME) take? RECORD ALL MENTIONED. ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN.	COARTEM A ARSUMAX B FANSIDAR C ORAL QUININE D UNKNOWN DRUG E OTHER X (SPECIFY)	COARTEM A ARSUMAX B FANSIDAR C ORAL QUININE D UNKNOWN DRUG E OTHER X (SPECIFY)
472	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 480) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 480) ← DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
473	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
474	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat 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
475	Was he/she given any of the following to drink: a A fluid made from a special packet called SORAL? b A homemade fluid containing salt, sugar and water prepared according to recommendations from health personnel?	YES NO DK FLUID FROM SORAL PKT 1 2 8 HOMEMADE FLUID 1 2 8	YES NO DK FLUID FROM SORAL PKT 1 2 8 HOMEMADE FLUID 1 2 8
476	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 478) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 478) ← DON'T KNOW 8
477	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS MENTIONED.	PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)	PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)
478	Did you seek advice or treatment for the diarrhea?	YES 1 NO 2 (SKIP TO 480) ←	YES 1 NO 2 (SKIP TO 480) ←
479	Where did you seek advice or treatment? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Anywhere else? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL A DAYHOSP/CLINIC/COMMUNITY HEALTH CENTER B MOBILE CLINIC C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC E PHARMACY F PRIVATE DOCTOR G MOBILE CLINIC H OTHER PRIVATE MEDICAL _____ I (SPECIFY) OTHER SOURCE SHOP J TRAD. PRACTITIONER K OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL A DAYHOSP/CLINIC/COMMUNITY HEALTH CENTER B MOBILE CLINIC C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC E PHARMACY F PRIVATE DOCTOR G MOBILE CLINIC H OTHER PRIVATE MEDICAL _____ I (SPECIFY) OTHER SOURCE SHOP J TRAD. PRACTITIONER K OTHER _____ X (SPECIFY)
480		GO BACK TO 454 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 481.	GO BACK TO 454 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 481.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
481	CHECK 475a, ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>	→484																									
482	Have you ever heard of a special product called [ORS] you can get for the treatment of diarrhea?	YES 1 NO 2																									
483	CHECK 218: HAS ONE OR MORE CHILDREN LIVING WITH HER <input type="checkbox"/> HAS NO CHILDREN LIVING WITH HER <input type="checkbox"/>	→485																									
484	When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment? IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether the child should be taken for medical treatment?	YES 1 NO 2 DEPENDS 3																									
485	Now I would like to ask you some questions about medical care for you yourself. Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?	<table border="1"> <thead> <tr> <th></th> <th>PROBLEM</th> <th>NOT A PROBLEM</th> </tr> </thead> <tbody> <tr> <td>Knowing where to go.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Getting permission to go.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Getting money needed for treatment.</td> <td>1</td> <td>2</td> </tr> <tr> <td>The distance to a health facility.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Having to take transport.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Not wanting to go alone.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Concern that there may not be a female health provider.</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		PROBLEM	NOT A PROBLEM	Knowing where to go.	1	2	Getting permission to go.	1	2	Getting money needed for treatment.	1	2	The distance to a health facility.	1	2	Having to take transport.	1	2	Not wanting to go alone.	1	2	Concern that there may not be a female health provider.	1	2	
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SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	Now I would like to ask you about your marriage and sexual relationships.		
501	Are you currently married or living with a partner?	YES, CURRENTLY MARRIED TO MAN.. 1 YES, LIVING WITH A MAN 2 YES, MARRIED/ LIVING WITH A WOMAN 3 NO, NOT IN UNION 4	→504
502	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→508 →511
503	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→508
504	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
505	<p>RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>Please tell me the name of your husband (the man you are living together with as if married) now.</p>	<p>NAME _____</p> <p>LINE NO. <input type="text"/> <input type="text"/></p>	
506	Besides yourself, does your husband have other wives or does he live, with other women as if married?	YES 1 NO 2	→508
507	How many other wives does he have?	NO. OF OTHER WIVES. <input type="text"/> <input type="text"/>	
508	Have you been married or lived with a man only once or more than once?	ONCE 1 MORE THAN ONCE 2	
509	<p>CHECK 508:</p> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>In what month and year did you start living with your husband/partner?</p> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>Now we will talk about your first husband/partner. In what month and year did you start living with him?</p>	<p>MONTH. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→511
510	How old were you when you started living with him?	AGE <input type="text"/> <input type="text"/>	
511	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you first had sexual intercourse (if ever)?</p>	<p>NEVER 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95</p>	→601
512	<p>CHECK 106:</p> <p>15 - 24 YEARS OLD <input type="checkbox"/></p> <p>25 - 49 YEARS OLD <input type="checkbox"/></p>		→514
513	The first time you had sexual intercourse, was a condom used?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
514	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST ALSO BE RECORDED IN YEARS.	DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS AGO 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																																	→601
515	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2																																	
516	What is your relationship to the man with whom you last had sex? IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex with him? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER01 MAN IS BOYFRIEND/FIANCÉ02 OTHER FRIEND03 CASUAL ACQUAINTANCE04 RELATIVE05 COMMERCIAL SEX WORKER06 OTHER _____ 96 (SPECIFY)	→518																																
517	For how long have you had sexual relations with this man?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																																	
518	CHECK 106: 15 - 24 YEARS OLD <input type="checkbox"/> 25 - 49 YEARS OLD <input type="checkbox"/>		→521																																
519	How old is this man?	AGE OF PARTNER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW98					→521																												
520	Was this man younger, about the same age or older than you? IF OLDER: Do you think he was less than 10 years older than you or 10 or more years older than you?	YOUNGER THAN WOMAN1 ABOUT THE SAME AGE2 LESS THAN 10 YEARS OLDER3 10 OR MORE YEARS OLDER4 OLDER, DON'T KNOW DIFFERENCE5 DO NOT KNOW8																																	
521	The last time you had sexual intercourse, did you or your partner drink alcohol? IF YES: Who was drinking?	RESPONDENT ONLY1 PARTNER ONLY2 RESPONDENT AND PARTNER3 NEITHER4																																	
522	Have you had sex with any other man in the last 12 months?	YES1 NO2	→601																																
523	The last time you had sexual intercourse with another man was a condom used?	YES1 NO2																																	
524	What is your relationship to this man? IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex with him? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER01 MAN IS BOYFRIEND/FIANCÉ02 OTHER FRIEND03 CASUAL ACQUAINTANCE04 RELATIVE05 COMMERCIAL SEX WORKER06 OTHER _____ 96 (SPECIFY)	→526																																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
525	For how long have you had sexual relations with this man?	DAYS.....1 <input type="checkbox"/> <input type="checkbox"/> WEEKS.....2 <input type="checkbox"/> <input type="checkbox"/> MONTHS.....3 <input type="checkbox"/> <input type="checkbox"/> YEARS4 <input type="checkbox"/> <input type="checkbox"/>	
526	CHECK 106: 15 - 24 <input type="checkbox"/> YEARS OLD 25 - 49 <input type="checkbox"/> YEARS OLD		→529
527	How old is this man?	AGE OF PARTNER..... <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW.....98	→529
528	Was this man younger, about the same age or older than you? IF OLDER: Do you think he was less than 10 years older than you or 10 or more years older than you?	YOUNGER THAN WOMAN1 ABOUT THE SAME AGE.....2 LESS THAN 10 YEARS OLDER3 10 OR MORE YEARS OLDER4 OLDER, DON'T KNOW DIFFERENCE5 DO NOT KNOW8	
529	The last time you had sexual intercourse with this partner did you or your partner drink alcohol? IF YES: Who was drinking?	RESPONDENT ONLY1 PARTNER ONLY2 RESPONDENT AND PARTNER3 NEITHER4	
530	In total, with how many different men have you had sex in the last 12 months?	NUMBER OF PARTNERS <input type="checkbox"/> <input type="checkbox"/>	
531	In the last 12 months, did any man pay you to have sex?	YES.....1 NO.....2	→601
532	The last time you were paid to have sex, was a condom used?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 602:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any other reason?</p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?</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>SUBFECUND/INFECUND.....E</p> <p>POSTPARTUM AMENORRHEIC.....F</p> <p>BREASTFEEDING.....G</p> <p>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>HEALTH CONCERNS.....O</p> <p>FEAR OF SIDE EFFECTS.....P</p> <p>LACK OF ACCESS/TOO FAR.....Q</p> <p>COSTS TOO MUCH.....R</p> <p>INCONVENIENT TO USE.....S</p> <p>INTERFERES WITH BODY'S NATURAL PROCESSES.....T</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....Z</p>	
608	<p>In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?</p>	<p>BIG PROBLEM.....1</p> <p>SMALL PROBLEM.....2</p> <p>NO PROBLEM.....3</p> <p>SAYS SHE CAN'T GET PREGNANT/ NOT HAVING SEX.....4</p>	
610	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p>	<p>NUMBER..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
611	<p>CHECK 501:</p> <p>YES, CURRENTLY MARRIED <input type="checkbox"/></p> <p>YES, LIVING WITH A MAN <input type="checkbox"/></p> <p>NO, NOT IN UNION <input type="checkbox"/></p>		→617
612	<p>CHECK 310/310A:</p> <p>ANY CODE CIRCLED <input type="checkbox"/></p> <p>NO CODE CIRCLED <input type="checkbox"/></p>		→614
613	<p>You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's decision or did you both decide together?</p>	<p>MAINLY RESPONDENT.....1</p> <p>MAINLY HUSBAND/PARTNER.....2</p> <p>JOINT DECISION.....3</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p>	
614	<p>Now I want to ask you about your husband's/partner's views on family planning.</p> <p>Do you think that your husband/partner approves or disapproves of couples using a contraceptive method to avoid pregnancy?</p>	<p>APPROVES.....1</p> <p>DISAPPROVES.....2</p> <p>DON'T KNOW.....8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
615	CHECK 3101/310A: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NEITHER STERILIZED <input type="checkbox"/> </div> <div style="text-align: center;"> HE OR SHE STERILIZED <input type="checkbox"/> </div> </div>		→617																								
616	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER..... 1 MORE CHILDREN..... 2 FEWER CHILDREN 3 DON'T KNOW..... 8																									
617	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified (Is it OK for her) refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She knows her husband has sex with other women? She knows her husband has sex with other wives? She has recently given birth? She is tired or not in the mood?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>HAS STD.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER WOMEN.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER WIVES.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>RECENT BIRTH.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TIRED/MOOD.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	HAS STD.....	1	2	8	OTHER WOMEN.....	1	2	8	OTHER WIVES.....	1	2	8	RECENT BIRTH.....	1	2	8	TIRED/MOOD.....	1	2	8	
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TIRED/MOOD.....	1	2	8																								

SECTION 7. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
701	Now I would like to ask you 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"/>						
702	CHECK 701: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>							→801
703	How many of these births did your mother have before you were born?	NO. OF PRECEDING BIRTHS... <input type="text"/>						
704	What was the name given to your oldest (next oldest) brother or sister?	[1]	[2]	[3]	[4]	[5]	[6]	
705	Is (NAME) male or female?	MALE1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE1 FEMALE.....2	MALE1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE1 FEMALE.....2	
706	Is (NAME) still alive?	YES.....1 NO.....2 GO TO 708↵ DK.....8 GO TO [2] ↵	YES.....1 NO.....2 GO TO 708↵ DK.....8 GO TO [3] ↵	YES.....1 NO.....2 GO TO 708↵ DK.....8 GO TO [4] ↵	YES.....1 NO.....2 GO TO 708↵ DK.....8 GO TO [5] ↵	YES.....1 NO.....2 GO TO 708↵ DK.....8 GO TO [6] ↵	YES.....1 NO.....2 GO TO 708↵ DK.....8 GO TO [7] ↵	
707	How old is (NAME)?	<input type="text"/> GO TO [2]	<input type="text"/> GO TO [3]	<input type="text"/> GO TO [4]	<input type="text"/> GO TO [5]	<input type="text"/> GO TO [6]	<input type="text"/> GO TO [7]	
708	In what year did (NAME) die?	<input type="text"/>						
709	How many years ago did (NAME) die?	<input type="text"/>						
710	How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [2]	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [3]	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [4]	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [5]	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [6]	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [7]	
711	Was (NAME) pregnant when she died?	YES.....1 GO TO 714↵ NO.....2						
712	Did (NAME) die during childbirth?	YES.....1 GO TO 715↵ NO.....2						
713	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO 715↵						
714	Was her death due to complications of 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	
715	How many children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/>						

704	What was the name given to your oldest (next oldest) brother or sister?	[7]	[8]	[9]	[10]	[11]	[12]
705	Is (NAME) male or female?	MALE1 FEMALE.....2	MALE..... 1 FEMALE 2	MALE 1 FEMALE2	MALE 1 FEMALE 2	MALE..... 1 FEMALE 2	MALE 1 FEMALE..... 2
706	Is (NAME) still alive?	YES.....1 NO.....2 GO TO 708↵ DK.....8 GO TO [8] ↵	YES 1 NO 2 GO TO 708↵ DK 8 GO TO [9] ↵	YES.....1 NO2 GO TO 708↵ DK.....8 GO TO [10]↵	YES 1 NO 2 GO TO 708↵ DK 8 GO TO [11]↵	YES 1 NO 2 GO TO 708↵ DK.....8 GO TO [12]↵	YES.....1 NO.....2 GO TO 708 ↵ DK8 GO TO [13] ↵
707	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]
708	In what year 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"/>	<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"/>
709	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"/>
710	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [8]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [9]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [10]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [11]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [12]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [13]
711	Was (NAME) pregnant when she died?	YES.....1 GO TO 714↵ NO.....2	YES 1 GO TO 714↵ NO 2	YES.....1 GO TO 714↵ NO2	YES 1 GO TO 714↵ NO 2	YES 1 GO TO 714↵ NO2	YES..... 1 GO TO 714↵ NO..... 2
712	Did (NAME) die during childbirth?	YES.....1 GO TO 715↵ NO.....2	YES 1 GO TO 715↵ NO 2	YES.....1 GO TO 715↵ NO2	YES 1 GO TO 715↵ NO 2	YES 1 GO TO 715↵ NO2	YES..... 1 GO TO 715↵ NO..... 2
713	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO 715↵	YES 1 NO 2 GO TO 715↵	YES.....1 NO2 GO TO 715↵	YES 1 NO 2 GO TO 715↵	YES 1 NO 2 GO TO 715↵	YES..... 1 NO..... 2 GO TO 715↵
714	Was her death due to complications of pregnancy or childbirth?	YES.....1 NO.....2	YES 1 NO 2	YES.....1 NO2	YES 1 NO 2	YES 1 NO 2	YES..... 1 NO..... 2
715	How many children did (NAME) give birth to during her lifetime (before this pregnancy)?	<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 801							

SECTION 8: AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about some important health issues. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→836
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	↳809
803	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY ... H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
804	Can people reduce their chances of getting HIV (the virus that causes AIDS) by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
805	Can a person get HIV/AIDS from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
806	Can people reduce their chances of getting HIV/AIDS by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
807	Can people get HIV by sharing food with a person who has HIV/AIDS?	YES 1 NO 2 DON'T KNOW 8	
808	Can people reduce their chance of getting HIV/AIDS by not having sex at all?	YES 1 NO 2 DON'T KNOW 8	
809	Can people get HIV/AIDS because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
810	Is it possible for a healthy-looking person to have HIV/AIDS?	YES 1 NO 2 DON'T KNOW 8	
811	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES 1 NO 2	
812	Can HIV/AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	↳815

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	Can HIV/AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG 1 2 8 DURING DELIVERY... 1 2 8 BREASTFEEDING 1 2 8	
814	Are there any special drugs that a pregnant woman infected with the HIV/ AIDS can take to reduce the risk of transmission to the baby?	YES 1 NO 2 DOES NOT KNOW..... 8	
815	If you knew that a shopkeeper or vendor had HIV/AIDS would you buy fresh vegetables from them?	YES 1 NO 2 DON'T KNOW 8	
816	If a member of your family got infected with HIV/AIDS, would you want it to remain a secret?	YES, REMAIN SECRET 1 NO 2 DO NOT KNOW 8	
817	If a relative of yours became sick with HIV/AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS..... 8	
818	If a teacher has HIV/AIDS, should he or she be allowed to continue teaching in school?	CAN CONTINUE 1 SHOULD NOT CONTINUE 2 DON'T KNOW /UNSURE/DEPENDS..... 8	
819	Should children aged 12-14 be taught about using a condom to avoid HIV/AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS..... 8	
820	CHECK 215: LAST BIRTH SINCE <input type="checkbox"/> JANUARY 2000 LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2000		→828
821	Now I would like to ask come questions about your last birth. Did you see anyone for antenatal care during that pregnancy?	YES 1 NO 2	→828
822	During any of the antenatal visits for that pregnancy, did any one talk to you about: Things that you can do to prevent getting HIV/AIDS? Using family planning?	YES NO DK PREVENT AIDS 1 2 8 FAMILY PLANNING 1 2 8	
823	I do not want to know the results, but were you tested for HIV/AIDS during any of your antenatal care visits?	YES 1 NO 2	→828
824	Did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED..... 3	
825	I do not want to know the results, but did you get the results of the test?	YES 1 NO 2	
826	Where was the test done? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTRE/CLINIC..... 12 GOVERNMENT DISPENSARY 13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR MISSION/CHURCH HOSP. CLINIC ... 21 FP HEALTH CENTRE/CLINIC 22 PRIVATE HOSPITAL/CLINIC..... 23 PHARMACY 24 PRIVATE DOCTOR..... 25 NURSING/MATERNITY HOME..... 26 BLOOD TRANSFUSION SERVICE 31 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
827	Have you been tested again for HIV/AIDS since the time you were tested during your last pregnancy?	YES 1 NO 2	→829 →833
828	I do not want to know the results, but have you ever been tested to see if you have HIV/AIDS?	YES 1 NO 2	→833
829	When was the last time you were tested?	LESS THAN 12 MONTHS AGO 1 12-23 MONTHS AGO 2 2 YEARS OR MORE AGO 3	
830	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3	
831	Where was the test done? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTRE/CLINIC 12 GOVERNMENT DISPENSARY 13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR MISSION/CHURCH HOSP. CLINIC ... 21 FP HEALTH CENTRE/CLINIC 22 PRIVATE HOSPITAL/CLINIC 23 PHARMACY 24 PRIVATE DOCTOR 25 NURSING/MATERNITY HOME 26 BLOOD TRANSFUSION SERVICE 31 OTHER _____ 96 (SPECIFY)	
832	I do not want to know the results, but did you get the results of the test?	YES 1 NO 2	→836
833	Would you want to be tested for HIV/AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
834	Do you know a place where you could go to get an HIV/AIDS test?	YES 1 NO 2	→836
835	Where can you go for the test? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTRE/CLINIC 12 GOVERNMENT DISPENSARY 13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR MISSION/CHURCH HOSP. CLINIC ... 21 FP HEALTH CENTRE/CLINIC 22 PRIVATE HOSPITAL/CLINIC 23 PHARMACY 24 PRIVATE DOCTOR 25 NURSING/MATERNITY HOME 26 BLOOD TRANSFUSION SERVICE 31 OTHER _____ 96 (SPECIFY)	
836	(Apart from HIV/AIDS), have you heard about other infections that can be transmitted through sexual contact?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
845	<p>Where did you go?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL..... 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>FIELDWORKER 15</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>MOBILE CLINIC 24</p> <p>FIELDWORKER 25</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>TRADITIONAL HEALER 33</p> <p>FRIEND/RELATIVE 34</p>	
846	<p>Husbands and wives or boyfriends and girlfriends do not always agree on everything.</p> <p>Please tell me if you think it is ok for a wife/girlfriend refusing to have sex with her husband/boyfriend when she knows he has a disease that can be transmitted through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
847	<p>When a wife/girlfriend knows her husband/boyfriend has a disease that can be transmitted through sexual contact, is ok for her to ask that they use a condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 501 AND 502: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/>		→903 →906
902	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
903	Did your (last) husband/partner ever attend school?	YES1 NO2	→905
904	What was the highest (standard/grade/year) he completed at that level?	LESS THAN 1 YEAR COMPLETED 00 SUB A/GRADE 1 01 SUB B/GRADE 2 02 STANDARD 1/GRADE 3 03 STANDARD 2/GRADE 4 04 STANDARD 3/GRADE 5 05 STANDARD 4/GRADE 6 06 STANDARD 5/GRADE 7 07 STANDARD 6/GRADE 8 08 STANDARD 7/GRADE 9 09 STANDARD 8/GRADE 10 10 STANDARD 9/GRADE 11 11 STANDARD 10/GRADE 12 12 FURTHER STUDIES INCOMPLETE 13 DIPLOMA/OTHER POSTSCHL COMPL 14 FURTHER DEGREE COMPLETE 15 DO NOT KNOW 98	
905	CHECK 901: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> What is your husband's/partner's occupation? That is, what kind of work does he mainly do? What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?	<input type="text"/> <input type="text"/> _____ _____ _____	
906	Who in your family usually has the final say on the following decisions: Your own health care? Making large household purchases? Making household purchases for daily needs? Visits to family or relatives? What food should be cooked each day?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6 1 2 3 4 5 6 1 2 3 4 5 6	
907	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)	PRES/ LISTEN. PRES/ NOT LISTEN. NOT PRES CHILDREN <10 1 2 8 HUSBAND 1 2 8 OTHER MALES 1 2 8 OTHER FEMALES 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
908	<p>Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is it ok for a husband to hit, beat, kick or push his wife in the following situations:</p> <p>If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGL. CHILDREN ...	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	BURNS FOOD	1	2	8	
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909	RECORD THE TIME	<p>HOURS <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>MINUTES <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>																									

