

**SOUTH AFRICA DEMOGRAPHIC AND HEALTH SURVEY 2003  
WOMAN'S QUESTIONNAIRE**

| IDENTIFICATION  |       |   |       |   |
|---|-------|---|-------|---|
| PROVINCE* _____   |       |   |       | <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>   |
| DISTRICT _____  |       |   |       | <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>  |
| EA NUMBER .....   |       |   |       | <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>   |
| EA TYPE (URBAN FORMAL=1; URBAN INFORMAL=2; RURAL FORMAL=3; TRIBAL AREA=4) .....   |       |   |       | <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>   |
| SADHS CLUSTER NUMBER .....  |       |   |       | <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>  |
| STAND NUMBER .....  |       |   |       | <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>  |
| HOUSEHOLD NUMBER .....  |       |   |       | <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>   |
| NAME OF HOUSEHOLD HEAD _____  |       |   |       |   |
| NAME AND LINE NUMBER OF WOMAN _____   |       |   |       | <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>   |
| INTERVIEWER VISITS  |       |   |       |   |
|   | 1     | 2   | 3     | FINAL VISIT   |
| DATE  | _____ | _____   | _____ | DAY <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>   |
|   |       |   |       | MONTH <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>   |
|   |       |   |       | YEAR <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> |
| INTERVIEWER'S NAME  | _____ | _____   | _____ | INT.CODE <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>   |
| RESULT**  | _____ | _____   | _____ | RESULT <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>   |
| NEXT VISIT:      DATE   | _____ | _____   |       | TOTAL NO. OF VISITS <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>  |
| TIME  | _____ | _____   |       |   |
| <b>** RESULT CODES:</b><br><div style="display: flex; justify-content: space-between;"> <div> 1 COMPLETED<br/> 2 NOT AT HOME<br/> 3 POSTPONED </div> <div> 4 REFUSED<br/> 5 PARTLY COMPLETED<br/> 6 INCAPACITATED </div> <div> 7 OTHER _____<br/> (SPECIFY) </div> </div> |       |   |       |   |
| LANGUAGE  |       |   |       |   |
| LANGUAGE OF QUESTIONNAIRE: <b>ENGLISH</b>   |       |   |       | <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div>   |
| LANGUAGE OF INTERVIEW *** _____   |       |   |       | <div style="border: 1px solid black; width: 20px; height: 20px;"></div>   |
| HOME LANGUAGE OF RESPONDENT*** _____  |       |   |       | <div style="border: 1px solid black; width: 20px; height: 20px;"></div>   |
| WAS A TRANSLATOR USED? (YES=1, NO=2) .....  |       |   |       | <div style="border: 1px solid black; width: 20px; height: 20px;"></div>   |
| <b>*** LANGUAGE CODES:</b><br>01 ENGLISH    04 isiZULU    07 SePEDI    10 XITSONGA<br>02 AFRIKAANS    05 SeSOTHO    08 SiSWATI    11 isiNDEBELE<br>03 isiXHOSA    06 SeTSWANA    09 TshiVENDA    12 OTHER _____<br>(SPECIFY)  |       |   |       | <div style="border: 1px solid black; width: 20px; height: 20px;"></div>   |
| SUPERVISOR  |       | FIELD EDITOR  |       | OFFICE EDITOR   |
| NAME _____ <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>   |       | NAME _____ <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> |       | <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>  |
| DATE _____ <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>   |       | DATE _____ <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> |       | <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>  |
| KEYED BY  |       |   |       |   |
| <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>  |       |   |       |   |

\*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"/><br>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<br>TOWN.....2<br>RURAL/FARM .....3<br>INFORMAL SETTLEMENT .....4   |      |
| 103 | How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?<br><br>IF LESS THAN ONE YEAR, RECORD '00' YEARS.  | YEARS..... <input type="text"/> <input type="text"/><br>ALWAYS.....95<br>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<br>TOWN.....2<br>RURAL/FARM .....3   |      |
| 105 | In what month and year were you born?   | MONTH ..... <input type="text"/> <input type="text"/><br>DOES NOT KNOW MONTH .....98<br>YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DOES NOT KNOW YEAR..... 9998  |      |
| 106 | How old were you at your last birthday?<br><br>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<br>NO .....2  | →113 |
| 108 | What is the highest (standard/grade/year) you completed?  | LESS THAN 1 YEAR COMPLETED .....00<br>SUB A/GRADE 1 .....01<br>SUB B/GRADE 2 .....02<br>STANDARD 1/GRADE 3 .....03<br>STANDARD 2/GRADE 4 .....04<br>STANDARD 3/GRADE 5 .....05<br>STANDARD 4/GRADE 6 .....06<br>STANDARD 5/GRADE 7 .....07<br>STANDARD 6/GRADE 8 .....08<br>STANDARD 7/GRADE 9 .....09<br>STANDARD 8/GRADE 10 .....10<br>STANDARD 9/GRADE 11 .....11<br>STANDARD 10/GRADE 12 .....12<br>FURTHER STUDIES INCOMPLETE .....13<br>DIPLOMA/OTHER POSTSCHL COMPL.14<br>FURTHER DEGREE COMPLETE .....15 |      |
| 109 | CHECK 106:<br><div style="display: flex; justify-content: space-around; align-items: center;"> <div>AGE 24<br/>OR BELOW <input type="checkbox"/></div> <div>AGE 25<br/>OR ABOVE <input type="checkbox"/></div> </div> |  | →112 |
| 110 | Are you currently attending school?   | YES .....1<br>NO .....2  | →112 |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP      |
|-----|---|---|-----------|
| 111 | What was the main reason you stopped attending school?  | GOT MARRIED .....01<br>CARE FOR YOUNGER CHILDREN.....02<br>FAMILY NEEDED HELP ON FARM OR<br>IN BUSINESS .....03<br>COULD NOT PAY SCHOOL FEES.....04<br>NEEDED TO EARN MONEY .....05<br>GRADUATED/HAD ENOUGH<br>SCHOOLING.....06<br>DID NOT PASS ENTRANCE EXAMS.....07<br>DID NOT LIKE SCHOOL.....08<br>SCHOOL NOT ACCESSIBLE/TOO<br>FAR .....09<br>GOT PREGNANT .....10<br>OTHER.....96<br>(SPECIFY)<br>DO NOT KNOW .....98 |           |
| 112 | CHECK 108:<br>COMPLETED STD 4/<br>GRADE 6 OR LOWER <input type="checkbox"/> COMPLETED STD 5/<br>GRADE 7 OR HIGHER <input type="checkbox"/>  |   | →114      |
| 113 | Now I would like you to read this sentence to me.<br><br>SHOW SENTENCES TO RESPONDENT.<br><br>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:<br><br>Can you read any part of the sentence to me?  | CANNOT READ AT ALL .....1<br>CAN ONLY READ PART OF<br>SENTENCE.....2<br>CAN READ WHOLE SENTENCE .....3<br>NO CARD WITH REQUIRED<br>LANGUAGE.....4<br>(SPECIFY)  |           |
| 114 | Apart from your own housework, are you currently working?   | YES .....1<br>NO .....2   | →117      |
| 115 | As you know, some women take up jobs for which they are paid in cash<br>or kind. Others sell things, have a small business or work on the family<br>farm or in the family business.<br><br>Are you currently doing any of these things or any other work? | YES .....1<br>NO .....2   | →117      |
| 116 | Have you done any work in the last 12 months?   | YES .....1<br>NO .....2   | →121      |
| 117 | What is your occupation, that is, what kind of work do you <b>mainly</b> do?  | <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>   |           |
| 118 | Do you do this work for a family business, are you employed by someone outside the family or are you self-employed?   | FOR FAMILY MEMBER .....1<br>FOR SOMEONE ELSE .....2<br>SELF-EMPLOYED .....3   |           |
| 119 | Are you paid in cash or kind for this work or are you not paid at all?  | CASH ONLY .....1<br>CASH AND KIND .....2<br>IN KIND ONLY .....3<br>NOT PAID.....4   | ↓<br>→121 |
| 120 | Who mainly decides how the money you earn will be used?   | RESPONDENT .....1<br>HUSBAND/PARTNER .....2<br>RESPONDENT AND<br>HUSBAND/PARTNER JOINTLY .....3<br>SOMEONE ELSE .....4<br>RESPONDENT AND SOMEONE ELSE<br>JOINTLY .....5   |           |
| 121 | Which population group do you consider yourself?  | BLACK/AFRICAN .....1<br>COLOURED .....2<br>WHITE .....3<br>ASIAN/INDIAN.....4<br><br>OTHER .....6<br>(SPECIFY)  |           |

## 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 |
|-----|---|---|------|
|     | 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. |   |      |
| 201 | Now I would like to ask about all the births you have had during your life. Have you ever given birth?  | YES ..... 1<br>NO ..... 2   | →206 |
| 202 | Do you have any sons or daughters to whom you have given birth who are now living with you?   | YES ..... 1<br>NO ..... 2   | →204 |
| 203 | How many sons live with you?<br><br>And how many daughters live with you?<br><br>IF NONE, RECORD '00'.  | <div style="display: flex; justify-content: space-between;"> <span>SONS AT HOME .....</span> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <span>DAUGHTERS AT HOME.....</span> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></div> </div>   |      |
| 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<br>NO ..... 2   | →206 |
| 205 | How many sons are alive but do not live with you?<br><br>And how many daughters are alive but do not live with you?<br><br>IF NONE, RECORD '00'.  | <div style="display: flex; justify-content: space-between;"> <span>SONS ELSEWHERE .....</span> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <span>DAUGHTERS ELSEWHERE...</span> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></div> </div> |      |
| 206 | Have you ever given birth to a boy or girl who was born alive but later died?<br><br>IF NO, PROBE: Any baby who cried or showed signs of life but did not survive or survived only few hours or days?   | YES ..... 1<br>NO ..... 2   | →208 |
| 207 | How many boys have died?<br><br>And how many girls have died?<br><br>IF NONE, RECORD '00'.  | <div style="display: flex; justify-content: space-between;"> <span>BOYS DEAD .....</span> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <span>GIRLS DEAD .....</span> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></div> </div>            |      |
| 208 | SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.<br><br>IF NONE, RECORD '00'.   | TOTAL ..... <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></div>  |      |
| 209 | CHECK 208:<br><br>Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?<br><br><div style="display: flex; justify-content: space-around; align-items: center;"> <span>YES <input style="width: 30px; height: 20px;" type="text"/></span> <span>NO <input style="width: 30px; height: 20px;" type="text"/> →</span> </div>   | PROBE AND CORRECT 201-208 AS NECESSARY.   |      |
| 210 | CHECK 208:<br><br><div style="display: flex; justify-content: space-around; align-items: center;"> <span>ONE OR MORE BIRTHS <input style="width: 30px; height: 20px;" type="text"/></span> <span>NO BIRTHS <input style="width: 30px; height: 20px;" type="text"/></span> </div>  |   | →225 |

|  |  |                                       |   |   |  |   |  |   |  |
|--|--|---------------------------------------|---|---|--|---|--|---|--|
| 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.<br>RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. |  |                                       |   |   |  |   |  |   |  |
| 212<br><br>What name was given to your (first/next) baby?<br><br>(NAME)  | 213<br><br>Were any of these births twins? | 214<br><br>Is (NAME) a boy or a girl? | 215<br><br>In what month and year was (NAME) born?<br><br>PROBE:<br>What is his/her birthday?   | 216<br><br>Is (NAME) still alive?       | 217<br>IF ALIVE:<br><br>How old was (NAME) at his/her last birthday?<br><br>RECORD AGE IN COMPLETED YEARS. | 218<br>IF ALIVE<br><br>Is (NAME) living with you? | 219<br>IF ALIVE:<br><br>RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD) | 220<br>IF DEAD:<br><br>How old was (NAME) when he/she died?<br><br>IF '1 YR', PROBE:<br>How many months old was (NAME)?<br>RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. | 221<br><br>Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)? |
| 01   | SING....1<br><br>MULT...2                  | BOY .. 1<br><br>GIRL . 2              | MONTH <input type="text"/> <input type="text"/><br><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1<br><br>NO..... 2<br>↓<br>220 | AGE IN YEARS<br><br><input type="text"/> <input type="text"/>  | YES..... 1<br><br>NO ..... 2                      | LINE NUMBER<br><br><input type="text"/> <input type="text"/><br>↓<br>(NEXT BIRTH)                            | DAYS..... 1 <input type="text"/> <input type="text"/><br>MONTHS. 2 <input type="text"/> <input type="text"/><br>YEARS .... 3 <input type="text"/> <input type="text"/>                                |  |
| 02   | SING....1<br><br>MULT...2                  | BOY .. 1<br><br>GIRL . 2              | MONTH <input type="text"/> <input type="text"/><br><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1<br><br>NO..... 2<br>↓<br>220 | AGE IN YEARS<br><br><input type="text"/> <input type="text"/>  | YES..... 1<br><br>NO ..... 2                      | LINE NUMBER<br><br><input type="text"/> <input type="text"/><br>↓<br>(GOTO 221)                              | DAYS..... 1 <input type="text"/> <input type="text"/><br>MONTHS. 2 <input type="text"/> <input type="text"/><br>YEARS .... 3 <input type="text"/> <input type="text"/>                                | YES ..... 1<br><br>NO ..... 2  |
| 03   | SING....1<br><br>MULT...2                  | BOY .. 1<br><br>GIRL . 2              | MONTH <input type="text"/> <input type="text"/><br><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1<br><br>NO..... 2<br>↓<br>220 | AGE IN YEARS<br><br><input type="text"/> <input type="text"/>  | YES..... 1<br><br>NO ..... 2                      | LINE NUMBER<br><br><input type="text"/> <input type="text"/><br>↓<br>(GOTO 221)                              | DAYS..... 1 <input type="text"/> <input type="text"/><br>MONTHS. 2 <input type="text"/> <input type="text"/><br>YEARS .... 3 <input type="text"/> <input type="text"/>                                | YES ..... 1<br><br>NO ..... 2  |
| 04   | SING....1<br><br>MULT...2                  | BOY .. 1<br><br>GIRL . 2              | MONTH <input type="text"/> <input type="text"/><br><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1<br><br>NO..... 2<br>↓<br>220 | AGE IN YEARS<br><br><input type="text"/> <input type="text"/>  | YES..... 1<br><br>NO ..... 2                      | LINE NUMBER<br><br><input type="text"/> <input type="text"/><br>↓<br>(GOTO 221)                              | DAYS..... 1 <input type="text"/> <input type="text"/><br>MONTHS. 2 <input type="text"/> <input type="text"/><br>YEARS .... 3 <input type="text"/> <input type="text"/>                                | YES ..... 1<br><br>NO ..... 2  |
| 05   | SING....1<br><br>MULT...2                  | BOY .. 1<br><br>GIRL . 2              | MONTH <input type="text"/> <input type="text"/><br><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1<br><br>NO..... 2<br>↓<br>220 | AGE IN YEARS<br><br><input type="text"/> <input type="text"/>  | YES..... 1<br><br>NO ..... 2                      | LINE NUMBER<br><br><input type="text"/> <input type="text"/><br>↓<br>(GOTO 221)                              | DAYS..... 1 <input type="text"/> <input type="text"/><br>MONTHS. 2 <input type="text"/> <input type="text"/><br>YEARS .... 3 <input type="text"/> <input type="text"/>                                | YES ..... 1<br><br>NO ..... 2  |
| 06   | SING....1<br><br>MULT...2                  | BOY .. 1<br><br>GIRL . 2              | MONTH <input type="text"/> <input type="text"/><br><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1<br><br>NO..... 2<br>↓<br>220 | AGE IN YEARS<br><br><input type="text"/> <input type="text"/>  | YES..... 1<br><br>NO ..... 2                      | LINE NUMBER<br><br><input type="text"/> <input type="text"/><br>↓<br>(GOTO 221)                              | DAYS..... 1 <input type="text"/> <input type="text"/><br>MONTHS. 2 <input type="text"/> <input type="text"/><br>YEARS .... 3 <input type="text"/> <input type="text"/>                                | YES ..... 1<br><br>NO ..... 2  |
| 07   | SING....1<br><br>MULT...2                  | BOY .. 1<br><br>GIRL . 2              | MONTH <input type="text"/> <input type="text"/><br><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1<br><br>NO..... 2<br>↓<br>220 | AGE IN YEARS<br><br><input type="text"/> <input type="text"/>  | YES..... 1<br><br>NO ..... 2                      | LINE NUMBER<br><br><input type="text"/> <input type="text"/><br>↓<br>(GOTO 221)                              | DAYS..... 1 <input type="text"/> <input type="text"/><br>MONTHS. 2 <input type="text"/> <input type="text"/><br>YEARS .... 3 <input type="text"/> <input type="text"/>                                | YES ..... 1<br><br>NO ..... 2  |

|  |   |                            |   |                                     |  |                            |  |   |   |
|--|---|----------------------------|---|-------------------------------------|--|----------------------------|--|---|---|
| 212  | 213   | 214                        | 215   | 216                                 | 217<br>IF ALIVE:   | 218<br>IF ALIVE            | 219<br>IF ALIVE:   | 220<br>IF DEAD:   | 221   |
| What name was given to your next baby?<br><br>(NAME) | Were any of these births twins?   | Is (NAME) a boy or a girl? | In what month and year was (NAME) born?<br><br>PROBE:<br>What is his/her birthday?  | Is (NAME) still alive?              | How old was (NAME) at his/her last birthday?<br><br>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?<br><br>IF <input type="checkbox"/> 1 YR <sup>1</sup> , PROBE:<br>How many months old was (NAME)?<br>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<br>MULT...2   | BOY.. 1<br>GIRL . 2        | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1<br>NO..... 2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> <input type="text"/>                          | YES..... 1<br>NO ..... 2   | LINE NUMBER<br><input type="text"/> <input type="text"/><br>↓<br>(GOTO 221)          | DAYS..... 1 <input type="text"/> <input type="text"/><br>MONTHS. 2 <input type="text"/> <input type="text"/><br>YEARS .... 3 <input type="text"/> <input type="text"/>  | YES ..... 1<br>NO ..... 2   |
| 09   | SING....1<br>MULT...2   | BOY.. 1<br>GIRL . 2        | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1<br>NO..... 2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> <input type="text"/>                          | YES..... 1<br>NO ..... 2   | LINE NUMBER<br><input type="text"/> <input type="text"/><br>↓<br>(GOTO 221)          | DAYS..... 1 <input type="text"/> <input type="text"/><br>MONTHS. 2 <input type="text"/> <input type="text"/><br>YEARS .... 3 <input type="text"/> <input type="text"/>  | YES ..... 1<br>NO ..... 2   |
| 10   | SING....1<br>MULT...2   | BOY.. 1<br>GIRL . 2        | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1<br>NO..... 2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> <input type="text"/>                          | YES..... 1<br>NO ..... 2   | LINE NUMBER<br><input type="text"/> <input type="text"/><br>↓<br>(GOTO 221)          | DAYS..... 1 <input type="text"/> <input type="text"/><br>MONTHS. 2 <input type="text"/> <input type="text"/><br>YEARS .... 3 <input type="text"/> <input type="text"/>  | YES ..... 1<br>NO ..... 2   |
| 11   | SING....1<br>MULT...2   | BOY.. 1<br>GIRL . 2        | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1<br>NO..... 2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> <input type="text"/>                          | YES..... 1<br>NO ..... 2   | LINE NUMBER<br><input type="text"/> <input type="text"/><br>↓<br>(GOTO 221)          | DAYS..... 1 <input type="text"/> <input type="text"/><br>MONTHS. 2 <input type="text"/> <input type="text"/><br>YEARS .... 3 <input type="text"/> <input type="text"/>  | YES ..... 1<br>NO ..... 2   |
| 12   | SING....1<br>MULT...2   | BOY.. 1<br>GIRL . 2        | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1<br>NO..... 2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> <input type="text"/>                          | YES..... 1<br>NO ..... 2   | LINE NUMBER<br><input type="text"/> <input type="text"/><br>↓<br>(GOTO 221)          | DAYS..... 1 <input type="text"/> <input type="text"/><br>MONTHS. 2 <input type="text"/> <input type="text"/><br>YEARS .... 3 <input type="text"/> <input type="text"/>  | YES ..... 1<br>NO ..... 2   |
| 222  | Have you had any live births since the birth of (NAME OF LAST BIRTH)?   |                            |   |                                     |  |                            | YES ..... 1<br>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'.   |                            |   |                                     |  |                            |  |   |   |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP  |  |      |  |  |  |  |  |  |
|-----|--|--|---|--|------|--|--|--|--|--|--|
| 225 | Are you pregnant now?  | YES ..... 1<br>NO ..... 2<br>UNSURE ..... 8  | →228  |  |      |  |  |  |  |  |  |
| 226 | How many months pregnant are you?<br><br>RECORD NUMBER OF COMPLETED MONTHS.  | MONTHS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>  |   |  |      |  |  |  |  |  |  |
|     |  |  |   |  |      |  |  |  |  |  |  |
| 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<br>LATER ..... 2<br>NOT AT ALL ..... 3  |   |  |      |  |  |  |  |  |  |
| 228 | Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?  | YES ..... 1<br>NO/ DON'T KNOW ..... 2  | →236  |  |      |  |  |  |  |  |  |
| 229 | How many such pregnancies did you have?  | NO. OF PREGN. DID NOT<br>RESULT IN LIVE BIRTHS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>  |   |  |      |  |  |  |  |  |  |
|     |  |  |   |  |      |  |  |  |  |  |  |
| 230 | When did the last such pregnancy end?  | MONTH..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table><br>YEAR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>  |   |  |      |  |  |  |  |  |  |
|     |  |  |   |  |      |  |  |  |  |  |  |
|     |  |  |   |  |      |  |  |  |  |  |  |
| 231 | CHECK 230:<br>LAST PREGNANCY<br>ENDED IN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table><br>JAN. 2000 OR LATER                     |  | LAST PREGNANCY<br>ENDED BEFORE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> _____<br>JAN. 2000 |  | →236 |  |  |  |  |  |  |
|     |  |  |   |  |      |  |  |  |  |  |  |
|     |  |  |   |  |      |  |  |  |  |  |  |
| 232 | How many months pregnant were you when the last such pregnancy ended?<br><br>RECORD NUMBER OF COMPLETED MONTHS.<br>CODE DON'T KNOW AS "98"   | MONTHS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table><br>DON'T KNOW.....98   |   |  |      |  |  |  |  |  |  |
|     |  |  |   |  |      |  |  |  |  |  |  |
| 233 | Have you ever had any other pregnancies which did not result in a live birth?  | YES ..... 1<br>NO ..... 2  | →236  |  |      |  |  |  |  |  |  |
| 234 | When did the previous such pregnancy end?  | MONTH..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table><br>YEAR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>  |   |  |      |  |  |  |  |  |  |
|     |  |  |   |  |      |  |  |  |  |  |  |
|     |  |  |   |  |      |  |  |  |  |  |  |
| 235 | How many months pregnant were you when that pregnancy ended?<br><br>RECORD NUMBER OF COMPLETED MONTHS.   | MONTHS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>  |   |  |      |  |  |  |  |  |  |
|     |  |  |   |  |      |  |  |  |  |  |  |
| 236 | When did your last menstrual period start?<br><br>_____<br>(DATE, IF GIVEN)  | DAYS AGO ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table><br>WEEKS AGO..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table><br>MONTHS AGO ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table><br>YEARS AGO ..... 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table><br>IN MENOPAUSE/<br>HAS HAD HYSTERECTOMY ..... 994<br>BEFORE LAST BIRTH ..... 995<br>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<br>NO ..... 2<br>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<br>DURING HER PERIOD ..... 2<br>RIGHT AFTER HER<br>PERIOD HAS ENDED ..... 3<br>HALF WAY BETWEEN PERIODS ..... 4<br><br>OTHER _____ 6<br>(SPECIFY)<br>DON'T KNOW ..... 8 |      |

### 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?<br>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK:<br>Have you ever heard of (METHOD)?  | 302 | Have you ever used<br>(METHOD)?  |
| 01  | FEMALE STERILIZATION Women can have an operation to avoid having any more children.<br>YES.....1<br>NO .....2 ▾   |     | Have you ever had an operation to avoid having any more children?<br>YES ..... 1<br>NO ..... 2                   |
| 02  | MALE STERILIZATION Men can have an operation to avoid having any more children.<br>YES.....1<br>NO .....2 ▾   |     | Have you ever had a partner who had an operation to avoid having any more children?<br>YES ..... 1<br>NO ..... 2 |
| 03  | PILL Women can take a pill every day to avoid becoming pregnant.<br>YES.....1<br>NO .....2 ▾  |     | YES ..... 1<br>NO ..... 2  |
| 04  | IUD Women can have a loop or coil placed inside them by a doctor or a nurse.<br>YES.....1<br>NO .....2 ▾  |     | YES ..... 1<br>NO ..... 2  |
| 05  | INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.<br>YES.....1<br>NO .....2 ▾  |     | YES ..... 1<br>NO ..... 2  |
| 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.<br>YES.....1<br>NO .....2 ▾   |     | YES ..... 1<br>NO ..... 2  |
| 07  | MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.<br>YES.....1<br>NO .....2 ▾   |     | YES ..... 1<br>NO ..... 2  |
| 08  | FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.<br>YES.....1<br>NO .....2 ▾   |     | YES ..... 1<br>NO ..... 2  |
| 09  | DIAPHRAGM, FOAM OR JELLY Women can place a sponge, a suppository, a diaphragm, jelly, or cream in their vagina before intercourse.<br>YES.....1<br>NO .....2 ▾  |     | YES ..... 1<br>NO ..... 2  |
| 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.<br>YES.....1<br>NO .....2 ▾ |     | YES ..... 1<br>NO ..... 2  |
| 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.<br>YES.....1<br>NO .....2 ▾                 |     | YES ..... 1<br>NO ..... 2  |
| 12  | WITHDRAWAL Men can be careful and pull out before climax.<br>YES.....1<br>NO .....2 ▾   |     | YES ..... 1<br>NO ..... 2  |
| 13  | EMERGENCY CONTRACEPTION Women can take pills up to three days(72 HOURS) after unprotected sexual intercourse to avoid becoming pregnant.<br>YES.....1<br>NO .....2 ▾  |     | YES ..... 1<br>NO ..... 2  |
| 14  | Have you heard of any other ways or methods that women or men can use to avoid pregnancy?<br><br>_____<br>(SPECIFY)<br><br>_____<br>(SPECIFY)<br>NO .....2  |     | YES ..... 1<br>NO ..... 2<br><br>YES ..... 1<br>NO ..... 2   |
| 303 | CHECK 302:<br>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?   | YES .....1<br>NO .....2  | →316  |
| 305  | What have you used or done?<br><br>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.<br><br>How many living children did you have at that time, if any?<br><br>IF NONE, RECORD '00'.   | NUMBER OF CHILDREN ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>  |       |
| 307  | CHECK 302 (01):<br><br><div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">WOMAN NOT<br/>STERILIZED <input type="checkbox"/></div> <div style="text-align: center;">WOMAN<br/>STERILIZED <input type="checkbox"/></div> </div>                              |  | →310A |
| 308  | CHECK 225:<br><br><div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">NOT PREGNANT<br/>OR UNSURE <input type="checkbox"/></div> <div style="text-align: center;">PREGNANT <input type="checkbox"/></div> </div>   |  | →316  |
| 309  | Are you currently doing something or using any method to delay or avoid getting pregnant?   | YES .....1<br>NO .....2  | →316  |
| 310  | Which method are you using?<br><br>IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.   | FEMALE STERILIZATION ..... A<br>MALE STERILIZATION ..... B<br><br>PILL ..... C<br>IUD ..... D<br>2-MONTHLY INJECTABLE (NET-EN) ..... E<br>3-MONTHLY INJECTABLE (DEPO) ..... F<br>IMPLANTS/NORPLANTS ..... G<br>MALE CONDOM ..... H<br>FEMALE CONDOM ..... I<br>DIAPHRAGM/FOAM/JELLY ..... J<br><br>HERBS/REMEDIES ..... K<br>LACTATIONAL AMEN. METHOD ..... L<br>PERIODIC ABSTINENCE ..... M<br>WITHDRAWAL ..... N<br><br>OTHER ..... X<br>(SPECIFY) | →313A |
| 310A | CIRCLE 'A' FOR FEMALE STERILIZATION.  |  |       |
| 311  | In what facility did the sterilization take place?<br><br>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.<br><br><div style="border-bottom: 1px solid black; width: 150px; margin: 10px auto;"></div> (NAME OF PLACE) | PUBLIC SECTOR<br>GOVT. HOSPITAL .....11<br>DAY HOSPITAL/CLINIC/COMMUNITY<br><br>HEALTH CENTER .....12<br><br>OTHER PUBLIC ..... 16<br>(SPECIFY)<br><br>PRIVATE MEDICAL SECTOR<br>PRIVATE HOSPITAL/CLINIC .....21<br>PRIVATE DOCTOR .....23<br>OTHER PRIVATE<br>MEDICAL ..... 26<br>(SPECIFY)<br><br>OTHER ..... 96<br>(SPECIFY)<br><br>DON'T KNOW .....98  |       |

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP                                |
|------|---|---|-------------------------------------|
| 312  | <p>CHECK 310:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>CODE 'A'<br/>CIRCLED</p> </div> <div style="text-align: center;"> <p>CODE 'A'<br/>NOT<br/>CIRCLED</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> <p>Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?</p> </div> | <p>YES .....1</p> <p>NO .....2</p> <p>DON'T KNOW .....8</p>   |                                     |
| 313  | In what month and year was the sterilization performed?   | <p>MONTH.....</p> <p>YEAR.....</p>  |                                     |
| 313A | <p>For how long have you been using (CURRENT METHOD) now without stopping?</p> <p>PROBE: In what month and year did you start using (CURRENT METHOD) continuously?</p>  |   |                                     |
| 314  | <p>CHECK 310/310A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 310/310A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>  | <p>FEMALE STERILIZATION .....01</p> <p>MALE STERILIZATION .....02</p> <p>PILL .....03</p> <p>IUD .....04</p> <p>2-MONTHLY INJECTABLE (NET-EN) .....05</p> <p>3-MONTHLY INJECTABLE (DEPO) .....06</p> <p>IMPLANTS/NORPLANTS .....07</p> <p>MALE CONDOM .....08</p> <p>FEMALE CONDOM .....09</p> <p>DIAPHRAGM/FOAM/JELLY .....10</p> <p>HERBS/REMEDIES .....11</p> <p>LACTATIONAL AMEN. METHOD .....12</p> <p>PERIODIC ABSTINENCE .....13</p> <p>WITHDRAWAL .....14</p> <p>OTHER .....96</p> <p style="text-align: center;">(SPECIFY)</p>   | <p>→401</p> <p>→401</p> <p>→401</p> |
| 315  | <p>Where did you obtain (CURRENT METHOD) the last time?</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 style="text-align: center;">(NAME OF PLACE)</p>  | <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>DAY HOSPITAL/CLINIC/COMMUNITY HEALTH CENTRE ..... 12</p> <p>FAMILY PLANNING CLINIC ..... 13</p> <p>MOBILE CLINIC ..... 14</p> <p>COMMUNITY HEALTH WORKER..... 15</p> <p>OTHER PUBLIC ..... 16</p> <p style="text-align: center;">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 21</p> <p>PHARMACY ..... 22</p> <p>PRIVATE DOCTOR ..... 23</p> <p>OTHER PRIVATE MEDICAL ..... 26</p> <p style="text-align: center;">(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>WORKPLACE ..... 31</p> <p>COMMUNITY-BASED DISTRIBUTOR .. 32</p> <p>SHOP/HOTEL/SCHOOL/CINEMA ..... 33</p> <p>FRIENDS/RELATIVES ..... 34</p> <p>OTHER ..... 96</p> <p style="text-align: center;">(SPECIFY)</p> | <p>→401</p> <p>→401</p>             |
| 316  | Do you know of a place where you can obtain a method of family planning?  | <p>YES .....1</p> <p>NO .....2</p>  | →401                                |

| 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><b>PUBLIC SECTOR</b></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><b>PRIVATE MEDICAL SECTOR</b></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><b>OTHER SOURCE</b></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> |      |

|  |  |   |                                     |  |      |
|--|--|---|-------------------------------------|--|------|
| 401  | CHECK 224:<br>ONE OR MORE<br>BIRTHS<br>IN 1998<br>OR LATER   | <input type="checkbox"/>  | NO<br>BIRTHS<br>IN 1998<br>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<br>LINE NUMBER .....   |                                     | NEXT-TO-LAST BIRTH<br>LINE NUMBER .....  |      |
| 404  | FROM 212 AND 216   | NAME .....<br>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>   |                                     | NAME .....<br>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<br>(SKIP TO 407).....<br>LATER..... 2<br>(SKIP TO 406).....<br>NOT AT ALL..... 3  |                                     | THEN..... 1<br>(SKIP TO 422).....<br>LATER..... 2<br>(SKIP TO 406).....<br>NOT AT ALL..... 3 |      |
| 405A   | Were you using a contraceptive method when you fell pregnant?  | YES ..... 1<br>(SKIP TO 407).....<br>NO ..... 2   |                                     | YES ..... 1<br>(SKIP TO 422).....<br>NO ..... 2  |      |
| 406  | How much longer would you like to have waited?   | MONTHS ..... 1<br>YEARS ..... 2<br>DON'T KNOW ..... 998   |                                     | MONTHS ..... 1<br>YEARS ..... 2<br>DON'T KNOW ..... 998                                      |      |
| 407  | Did you see anyone for antenatal care for this pregnancy?<br><br>IF YES: Whom did you see?<br>Anyone else?<br><br>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.  | HEALTH PROFESSIONAL<br>DOCTOR ..... A<br>NURSE/MIDWIFE ..... B<br>OTHER PERSON<br>TRADITIONAL BIRTH<br>ATTENDANT ..... C<br><br>OTHER ..... X<br>(SPECIFY)<br>NO ONE ..... Y<br>(SKIP TO 415).....  |                                     |  |      |
| 407A   | Where did the first antenatal care visit take place?<br><br>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.<br><br>.....<br>(NAME OF PLACE)        | PUBLIC SECTOR<br>GOVT. HOSPITAL ..... 11<br>DAY HOSPITAL/<br>CLINIC/COMMUNITY<br>HEALTH CENTER ..... 12<br>MOBILE CLINIC ..... 13<br><br>OTHER PUBLIC ..... 15<br>(SPECIFY)<br><br>PRIVATE MEDICAL SECTOR<br>PVT. HOSPITAL/CLINIC ..... 21<br>OTHER PVT.<br>MEDICAL<br>..... 22<br>(SPECIFY)<br><br>OTHER ..... 96<br>(SPECIFY) |                                     |  |      |

|                     |   | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>NAME _____ |     |    |             |   |   |             |   |   |                     |   |   |                   |   |   |                   |   |   |  |
|---------------------|---|--|----------------------------------|-----|----|-------------|---|---|-------------|---|---|---------------------|---|---|-------------------|---|---|-------------------|---|---|--|
| 408                 | How many months pregnant were you when you first received antenatal care for this pregnancy?  | MONTHS ..... <input type="text"/> <input type="text"/><br>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"/><br>DON'T KNOW ..... 98  |                                  |     |    |             |   |   |             |   |   |                     |   |   |                   |   |   |                   |   |   |  |
| 410                 | CHECK 409:<br><br>NUMBER OF TIMES RECEIVED ANTENATAL CARE   | <div> <div>ONCE</div> <div> <input type="checkbox"/> </div> <div>(SKIP TO 412)</div> </div> <div> <div>MORE THAN ONCE OR DK</div> <div> <input type="checkbox"/> </div> </div>   |                                  |     |    |             |   |   |             |   |   |                     |   |   |                   |   |   |                   |   |   |  |
| 411                 | How many months pregnant were you the last time you received antenatal care?  | MONTHS ..... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98  |                                  |     |    |             |   |   |             |   |   |                     |   |   |                   |   |   |                   |   |   |  |
| 412                 | During this pregnancy, were any of the following done at least once?<br><br>Were you weighed?<br>Was your height measured?<br>Was your blood pressure measured?<br>Did you give a urine sample?<br>Did you give a blood sample? | <table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WEIGHT.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HEIGHT.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD PRESSURE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>URINE SAMPLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD SAMPLE.....</td> <td>1</td> <td>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<br>NO..... 2<br>(SKIP TO 415) ←<br>DON'T KNOW..... 8  |                                  |     |    |             |   |   |             |   |   |                     |   |   |                   |   |   |                   |   |   |  |
| 414                 | Were you told where to go if you had these complications?   | YES..... 1<br>NO..... 2<br>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<br>NO..... 2<br>(SKIP TO 417) ←<br>DON'T KNOW..... 8  |                                  |     |    |             |   |   |             |   |   |                     |   |   |                   |   |   |                   |   |   |  |
| 416                 | During this pregnancy, how many times did you get this injection?   | TIMES ..... <input type="text"/><br>DON'T KNOW ..... 8   |                                  |     |    |             |   |   |             |   |   |                     |   |   |                   |   |   |                   |   |   |  |
| 417                 | During this pregnancy, were you given or did you buy any iron tablets?<br><br>SHOW TABLET.  | YES..... 1<br>NO..... 2<br>(SKIP TO 419) ←<br>DON'T KNOW..... 8  |                                  |     |    |             |   |   |             |   |   |                     |   |   |                   |   |   |                   |   |   |  |
| 418                 | During the whole pregnancy, for how many days did you take the tablets?<br><br>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.  | NUMBER OF DAYS..... <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 998   |                                  |     |    |             |   |   |             |   |   |                     |   |   |                   |   |   |                   |   |   |  |
| 419                 | During this pregnancy, did you have difficulty with your vision during the daylight?  | YES..... 1<br>NO..... 2<br>DON'T KNOW..... 8   |                                  |     |    |             |   |   |             |   |   |                     |   |   |                   |   |   |                   |   |   |  |
| 420                 | During this pregnancy, did you suffer from night blindness?   | YES..... 1<br>NO..... 2<br>DON'T KNOW..... 8   |                                  |     |    |             |   |   |             |   |   |                     |   |   |                   |   |   |                   |   |   |  |

|      |   | LAST BIRTH  | NEXT-TO-LAST BIRTH  |
|------|---|---|---|
|      |   | NAME _____  | NAME _____  |
| 421A | During this pregnancy, did you suffer from malaria?   | YES..... 1<br>NO..... 2<br>(SKIP TO 421D) ←<br>DON'T KNOW..... 8  |   |
| 421B | Did you take any drugs <b>to treat</b> malaria during this pregnancy?   | YES..... 1<br>NO..... 2<br>(SKIP TO 421D) ←<br>DON'T KNOW..... 8  |   |
| 421C | What drugs did you take <b>to treat</b> malaria?<br><br>RECORD ALL MENTIONED.   | COARTEM..... A<br>ARSUMAX..... B<br>FANSIDAR..... C<br>ORAL QUININE..... D<br>UNKNOWN DRUG..... E<br><br>OTHER _____ X<br>(SPECIFY)   |   |
| 421D | During this pregnancy, did you take any drugs <b>to prevent</b> you from getting malaria?   | YES..... 1<br>NO..... 2<br>(SKIP TO 422) ←<br>DON'T KNOW..... 8   |   |
| 421E | What drugs did you take <b>to prevent</b> malaria?<br><br>RECORD ALL MENTIONED.   | DARAMAL..... A<br>MIRQUIN..... B<br>NIVAQUINE..... C<br>PLASMOQUINE..... D<br>PALUDRINE..... E<br>LARIAM..... F<br>MEFLIAM..... G<br>DOXIMAL..... H<br>DOXITAB..... I<br>RANDOCLIN..... J<br>VIBRAMYCIN..... K<br>DOXYCYL..... L<br>DUMOCIN..... M<br>ROLAB CHLOROQUINE..... N<br>PHOSPHATE TABS..... O<br><br>OTHER _____ X<br>(SPECIFY) |   |
| 422  | When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?<br><br>UNPROMPTED | VERY LARGE..... 1<br>LARGER THAN AVERAGE..... 2<br>AVERAGE..... 3<br>SMALLER THAN AVERAGE..... 4<br>VERY SMALL..... 5<br>DON'T KNOW..... 8  | VERY LARGE..... 1<br>LARGER THAN AVERAGE..... 2<br>AVERAGE..... 3<br>SMALLER THAN AVERAGE..... 4<br>VERY SMALL..... 5<br>DON'T KNOW..... 8  |
| 423  | Was (NAME) weighed at birth?  | YES..... 1<br>NO..... 2<br>(SKIP TO 425) ←<br>DON'T KNOW..... 8   | YES..... 1<br>NO..... 2<br>(SKIP TO 425) ←<br>DON'T KNOW..... 8   |
| 424  | How much did (NAME) weigh?<br><br>RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.   | GRAMS FROM CARD..... 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><br>GRAMS FROM RECALL..... 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><br>DON'T KNOW..... 99998   | GRAMS FROM CARD..... 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><br>GRAMS FROM RECALL..... 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><br>DON'T KNOW..... 99998 |



|     |   | LAST BIRTH<br>NAME _____  | NEXT-TO-LAST BIRTH<br>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</p> <p>DOCTOR ..... A</p> <p>NURSE/MIDWIFE ..... B</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT ..... C</p> <p>RELATIVE/FRIEND ..... D</p> <p>OTHER ..... X<br/>(SPECIFY)</p> <p>NO ONE ..... Y</p>  | <p>HEALTH PROFESSIONAL</p> <p>DOCTOR ..... A</p> <p>NURSE/MIDWIFE ..... B</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT ..... C</p> <p>RELATIVE/FRIEND ..... D</p> <p>OTHER ..... X<br/>(SPECIFY)</p> <p>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</p> <p>YOUR HOME ..... 11<br/>(SKIP TO 428) ◀</p> <p>OTHER HOME ..... 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL ..... 21</p> <p>DAYHOSP/CLINIC/COMMUNITY HEALTH CENTER ..... 22</p> <p>MOBILE CLINIC ..... 23</p> <p>OTHER PUBLIC ..... 26<br/>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC ..... 31</p> <p>OTHER PVT. MEDICAL ..... 36<br/>(SPECIFY)</p> <p>OTHER ..... 96<br/>(SPECIFY)</p> <p>(SKIP TO 428) ◀</p> | <p>HOME</p> <p>YOUR HOME ..... 11<br/>(SKIP TO 428) ◀</p> <p>OTHER HOME ..... 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL ..... 21</p> <p>DAYHOSP/CLINIC/COMMUNITY HEALTH CENTER ..... 22</p> <p>MOBILE CLINIC ..... 23</p> <p>OTHER PUBLIC ..... 26<br/>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC ..... 31</p> <p>OTHER PVT. MEDICAL ..... 36<br/>(SPECIFY)</p> <p>OTHER ..... 96<br/>(SPECIFY)</p> <p>(SKIP TO 428) ◀</p> |
| 427 | Was (NAME) delivered by caesarian section?  | <p>YES ..... 1<br/>(SKIP TO 432) ◀</p> <p>NO ..... 2</p>  | <p>YES ..... 1<br/>(SKIP TO 434) ◀</p> <p>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</p> <p>NO ..... 2<br/>(SKIP TO 432) ◀</p>  | <p>YES ..... 1</p> <p>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> <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</p> <p>DOCTOR ..... 11</p> <p>NURSE/MIDWIFE ..... 12</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT ..... 21</p> <p>OTHER ..... 96<br/>(SPECIFY)</p>   |   |

|     |  | LAST BIRTH<br>NAME _____  | NEXT-TO-LAST BIRTH<br>NAME _____   |
|-----|--|---|--|
| 431 | Where did this first check take place?<br><br>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.<br><br>_____<br>(NAME OF PLACE) | HOME<br>YOUR HOME ..... 11<br>OTHER HOME ..... 12<br>PUBLIC SECTOR<br>GOVT. HOSPITAL ..... 21<br>DAYHOSP/CLINIC/COMMUNITY<br>HEALTH CENTER ..... 22<br>MOBILE CLINIC ..... 23<br><br>OTHER PUBLIC ..... 26<br>(SPECIFY)<br><br>PRIVATE MEDICAL SECTOR<br>PVT. HOSPITAL/CLINIC ..... 31<br>OTHER PVT. MEDICAL ..... 36<br>(SPECIFY)<br><br>OTHER ..... 96<br>(SPECIFY) |  |
| 432 | In the first two months after delivery, did you receive a vitamin A dose like this?<br><br>SHOW AMPULE/CAPSULE.  | YES ..... 1<br>NO ..... 2   |  |
| 433 | Has your period returned since the birth of (NAME)?  | YES ..... 1<br>(SKIP TO 435) ←<br>NO ..... 2<br>(SKIP TO 436) ←   |  |
| 434 | Did your period return between the birth of (NAME) and your next pregnancy?  |   | YES ..... 1<br>NO ..... 2<br>(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"/><br>DON'T KNOW ..... 98   | MONTHS ..... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98  |
| 436 | CHECK 225:<br>IS RESPONDENT PREGNANT?  | NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/><br>OR UNSURE<br>(SKIP TO 438) ←  |  |
| 437 | Have you resumed sexual intercourse since the birth of (NAME)?   | YES ..... 1<br>NO ..... 2<br>(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"/><br>DON'T KNOW ..... 98   | MONTHS ..... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98  |
| 439 | Did you ever breastfeed (NAME)?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 446) ←  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 446) ←   |
| 440 | How long after birth did you first put (NAME) to the breast?<br><br>IF LESS THAN 1 HOUR, RECORD '00' HOURS.<br>IF LESS THAN 24 HOURS, RECORD HOURS.<br>OTHERWISE, RECORD DAYS.   | IMMEDIATELY ..... 000<br><br>HOURS ..... 1 <input type="text"/> <input type="text"/><br>DAYS ..... 2 <input type="text"/> <input type="text"/>  | IMMEDIATELY ..... 000<br><br>HOURS ..... 1 <input type="text"/> <input type="text"/><br>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<br>NO/ DON'T KNOW ..... 2<br>(SKIP TO 443) ←  | YES ..... 1<br>NO/ DON'T KNOW ..... 2<br>(SKIP TO 443) ←   |

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

## SECTION 4B. IMMUNIZATION, HEALTH AND NUTRITION

|     |   |  |   |  |  |  |
|-----|---|--|---|--|--|--|
| 452 | ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1998 OR LATER.<br>(IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES). |  |   |  |  |  |
| 453 | LINE NUMBER FROM 212  |  | LAST BIRTH<br>LINE NUMBER ..... <input type="text"/> <input type="text"/>   |  | NEXT-TO-LAST BIRTH<br>LINE NUMBER..... <input type="text"/> <input type="text"/>   |  |
| 454 | FROM 212 AND 216  |  | NAME _____<br><br>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/><br><div style="display: flex; justify-content: space-around;"><div style="text-align: center;">↓<br/><br/>(GO TO 454 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 481)</div><div style="text-align: center;">↓<br/><br/>(GO TO 454 IN LAST COLUMN OF NEW QUESTIONNAIRE OR, IF NO MORE BIRTHS, GO TO 481)</div></div> |  |  |  |
| 455 | Did (NAME) receive a vitamin A dose like this during the last 6 months?<br>SHOW AMPULE/CAPSULE/TABLET   |  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |  |
| 456 | Do you have a card where (NAME'S) vaccinations are written down?<br><br>IF YES: May I see it please?  |  | YES, SEEN..... 1<br>(SKIP TO 458)←<br>YES, NOT SEEN ..... 2<br>(SKIP TO 460)←<br>NO CARD ..... 3  |  | YES, SEEN..... 1<br>(SKIP TO 458)←<br>YES, NOT SEEN ..... 2<br>(SKIP TO 460)←<br>NO CARD ..... 3   |  |
| 457 | Did you ever have a vaccination card for (NAME)?  |  | YES ..... 1<br>(SKIP TO 460)←<br>NO ..... 2   |  | YES ..... 1<br>(SKIP TO 460)←<br>NO ..... 2  |  |
| 458 | (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.<br><br>(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.              |  | DAY MONTH YEAR<br><br>BCG .....<br>P0 .....<br>P1 .....<br>P2 .....<br>P3 .....<br>D1 .....<br>D2 .....<br>D3 .....<br>H1 .....<br>H2 .....<br>H3 .....<br>MEA....<br>VIT. A....  |  | DAY MONTH YEAR<br><br>BCG .....<br>P0 .....<br>P1 .....<br>P2 .....<br>P3 .....<br>D1 .....<br>D2 .....<br>D3 .....<br>H1 .....<br>H2 .....<br>H3 .....<br>MEA....<br>VIT. A.... |  |

|      |  | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>NAME _____   |
|------|--|--|--|
| 459  | Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign?<br><br>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<br>(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 458) (SKIP TO 462) .....<br>NO ..... 2<br>(SKIP TO 462) .....<br>DON'T KNOW ..... 8 | YES ..... 1<br>(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 458) (SKIP TO 462) .....<br>NO ..... 2<br>(SKIP TO 462) .....<br>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<br>NO ..... 2<br>(SKIP TO 463) .....<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 463) .....<br>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<br>NO ..... 2<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |
| 461B | Polio vaccine, that is, drops in the mouth?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 461E) .....<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 461E) .....<br>DON'T KNOW ..... 8  |
| 461C | When was the first polio vaccine received, just after birth or later?  | JUST AFTER BIRTH ..... 1<br>LATER ..... 2  | JUST AFTER BIRTH ..... 1<br>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<br>NO ..... 2<br>(SKIP TO 461G) .....<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 461G) .....<br>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<br>NO ..... 2<br>(SKIP TO 461I) .....<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 461I) .....<br>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<br>NO ..... 2<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |
| 461J | A Vitamin A dose in an ampule, capsule or tablet?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>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<br>NO ..... 2<br>NO VACCINATION IN THE LAST 2 YEARS ..... 3<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>NO VACCINATION IN THE LAST 2 YEARS ..... 3<br>DON'T KNOW ..... 8  |
| 463  | Has (NAME) been ill with a fever at any time in the last 2 weeks?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |

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

|     |   | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>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?<br><br>IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?               | MUCH LESS ..... 1<br>SOMEWHAT LESS ..... 2<br>ABOUT THE SAME ..... 3<br>MORE ..... 4<br>NOTHING TO DRINK ..... 5<br>DON'T KNOW ..... 8   | MUCH LESS ..... 1<br>SOMEWHAT LESS ..... 2<br>ABOUT THE SAME ..... 3<br>MORE ..... 4<br>NOTHING TO DRINK ..... 5<br>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?<br><br>IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?   | MUCH LESS ..... 1<br>SOMEWHAT LESS ..... 2<br>ABOUT THE SAME ..... 3<br>MORE ..... 4<br>STOPPED FOOD ..... 5<br>NEVER GAVE FOOD ..... 6<br>DON'T KNOW ..... 8  | MUCH LESS ..... 1<br>SOMEWHAT LESS ..... 2<br>ABOUT THE SAME ..... 3<br>MORE ..... 4<br>STOPPED FOOD ..... 5<br>NEVER GAVE FOOD ..... 6<br>DON'T KNOW ..... 8  |
| 475 | Was he/she given any of the following to drink:<br>a A fluid made from a special packet called SORAL?<br>b A homemade fluid containing salt, sugar and water prepared according to recommendations from health personnel?   | YES NO DK<br>FLUID FROM SORAL PKT 1 2 8<br>HOMEMADE FLUID ..... 1 2 8  | YES NO DK<br>FLUID FROM SORAL PKT 1 2 8<br>HOMEMADE FLUID ..... 1 2 8  |
| 476 | Was anything (else) given to treat the diarrhea?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 478) ←<br>DON'T KNOW ..... 8   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 478) ←<br>DON'T KNOW ..... 8   |
| 477 | What (else) was given to treat the diarrhea?<br><br>Anything else?<br><br>RECORD ALL TREATMENTS MENTIONED.  | PILL OR SYRUP ..... A<br>INJECTION ..... B<br>(I.V.) INTRAVENOUS ..... C<br>HOME REMEDIES/<br>HERBAL MEDICINES ..... D<br>OTHER ..... X<br>(SPECIFY)   | PILL OR SYRUP ..... A<br>INJECTION ..... B<br>(I.V.) INTRAVENOUS ..... C<br>HOME REMEDIES/<br>HERBAL MEDICINES ..... D<br>OTHER ..... X<br>(SPECIFY)   |
| 478 | Did you seek advice or treatment for the diarrhea?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 480) ←   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 480) ←   |
| 479 | Where did you seek advice or treatment?<br><br>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.<br><br>_____<br>(NAME OF PLACE)<br><br>Anywhere else?<br><br>RECORD ALL PLACES MENTIONED. | PUBLIC SECTOR<br>GOVT. HOSPITAL ..... A<br>DAYHOSP/CLINIC/COMMUNITY<br>HEALTH CENTER ..... B<br>MOBILE CLINIC ..... C<br>OTHER PUBLIC ..... D<br>(SPECIFY)<br><br>PRIVATE MEDICAL SECTOR<br>PVT. HOSPITAL/CLINIC ..... E<br>PHARMACY ..... F<br>PRIVATE DOCTOR ..... G<br>MOBILE CLINIC ..... H<br>OTHER PRIVATE<br>MEDICAL ..... I<br>(SPECIFY)<br><br>OTHER SOURCE<br>SHOP ..... J<br>TRAD. PRACTITIONER ..... K<br>OTHER ..... X<br>(SPECIFY) | PUBLIC SECTOR<br>GOVT. HOSPITAL ..... A<br>DAYHOSP/CLINIC/COMMUNITY<br>HEALTH CENTER ..... B<br>MOBILE CLINIC ..... C<br>OTHER PUBLIC ..... D<br>(SPECIFY)<br><br>PRIVATE MEDICAL SECTOR<br>PVT. HOSPITAL/CLINIC ..... E<br>PHARMACY ..... F<br>PRIVATE DOCTOR ..... G<br>MOBILE CLINIC ..... H<br>OTHER PRIVATE<br>MEDICAL ..... I<br>(SPECIFY)<br><br>OTHER SOURCE<br>SHOP ..... J<br>TRAD. PRACTITIONER ..... K<br>OTHER ..... X<br>(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:<br><br><div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> NO CHILD<br/>RECEIVED FLUID<br/>FROM ORS PACKET <input type="checkbox"/> </div> <div style="text-align: center;"> ANY CHILD<br/>RECEIVED FLUID<br/>FROM ORS PACKET <input type="checkbox"/> </div> </div> |   | →484 |         |               |                      |   |   |                           |   |   |                                     |   |   |                                    |   |   |                           |   |   |                          |   |   |   |   |   |  |
| 482   | Have you ever heard of a special product called [ORS] you can get for the treatment of diarrhea?   | YES ..... 1<br>NO ..... 2   |      |         |               |                      |   |   |                           |   |   |                                     |   |   |                                    |   |   |                           |   |   |                          |   |   |   |   |   |  |
| 483   | CHECK 218:<br><br><div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> HAS ONE OR MORE<br/>CHILDREN LIVING<br/>WITH HER <input type="checkbox"/> </div> <div style="text-align: center;"> HAS NO CHILDREN<br/>LIVING WITH HER <input type="checkbox"/> </div> </div>                           |   | →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?<br><br>IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK:<br>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<br>NO ..... 2<br>DEPENDS ..... 3  |      |         |               |                      |   |   |                           |   |   |                                     |   |   |                                    |   |   |                           |   |   |                          |   |   |   |   |   |  |
| 485   | Now I would like to ask you some questions about medical care for you yourself.<br><br>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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">PROBLEM</th> <th style="width: 25%;">NOT A PROBLEM</th> </tr> </thead> <tbody> <tr> <td>Knowing where to go.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Getting permission to go.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Getting money needed for treatment.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>The distance to a health facility.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Having to take transport.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Not wanting to go alone.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Concern that there may not be a female health provider.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">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 |  |
|   | 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   |      |         |               |                      |   |   |                           |   |   |                                     |   |   |                                    |   |   |                           |   |   |                          |   |   |   |   |   |  |



**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<br>YES, LIVING WITH A MAN ..... 2<br>YES,MARRIED/ LIVING WITH A WOMAN3<br>NO, NOT IN UNION ..... 4  | →504         |
| 502 | Have you ever been married or lived with a man?   | YES, FORMERLY MARRIED ..... 1<br>YES, LIVED WITH A MAN ..... 2<br>NO ..... 3  | →508<br>→511 |
| 503 | What is your marital status now: are you widowed, divorced, or separated?   | WIDOWED ..... 1<br>DIVORCED..... 2<br>SEPARATED..... 3  | →508         |
| 504 | Is your husband/partner living with you now or is he staying elsewhere?   | LIVING WITH HER ..... 1<br>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<br>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<br>MORE THAN ONCE ..... 2   |              |
| 509 | <p>CHECK 508:</p> <div style="display: flex; justify-content: space-around;"> <div> <p>MARRIED/<br/>LIVED WITH A MAN<br/>ONLY ONCE</p> <p><input type="text"/></p> <p>↓</p> <p>In what month and year did you start living with your husband/partner?</p> </div> <div> <p>MARRIED/<br/>LIVED WITH A MAN<br/>MORE THAN ONCE</p> <p><input type="text"/></p> <p>↓</p> <p>Now we will talk about your first husband/partner.<br/>In what month and year did you start living with him?</p> </div> </div> | <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> <div style="display: flex; justify-content: space-around;"> <div> <p>15 - 24<br/>YEARS OLD</p> <p><input type="text"/></p> <p>↓</p> </div> <div> <p>25 - 49<br/>YEARS OLD</p> <p><input type="text"/></p> </div> </div>   |   | →514         |
| 513 | The first time you had sexual intercourse, was a condom used?   | YES..... 1<br>NO..... 2   |              |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP |  |      |  |  |  |  |  |      |
|-----|---|--|------|--|------|--|--|--|--|--|------|
| 514 | When was the last time you had sexual intercourse?<br><br>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><br>WEEKS AGO .....2<br>MONTHS AGO .....3<br>YEARS AGO .....4 |      |  |      |  |  |  |  |  | →601 |
|     |   |  |      |  |      |  |  |  |  |  |      |
|     |   |  |      |  |      |  |  |  |  |  |      |
|     |   |  |      |  |      |  |  |  |  |  |      |
|     |   |  |      |  |      |  |  |  |  |  |      |
| 515 | The last time you had sexual intercourse, was a condom used?  | YES .....1<br>NO .....2  |      |  |      |  |  |  |  |  |      |
| 516 | What is your relationship to the man with whom you last had sex?<br><br>IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK:<br><br>Was your boyfriend/fiancé living with you when you last had sex with him?<br><br>IF YES, CIRCLE '01'.<br>IF NO, CIRCLE '02'. | SPOUSE/COHABITING PARTNER .....01<br>MAN IS BOYFRIEND/FIANCÉ .....02<br>OTHER FRIEND .....03<br>CASUAL ACQUAINTANCE .....04<br>RELATIVE .....05<br>COMMERCIAL SEX WORKER .....06<br><br>OTHER .....96<br>(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><br>WEEKS .....2<br>MONTHS .....3<br>YEARS .....4                 |      |  |      |  |  |  |  |  |      |
|     |   |  |      |  |      |  |  |  |  |  |      |
|     |   |  |      |  |      |  |  |  |  |  |      |
|     |   |  |      |  |      |  |  |  |  |  |      |
|     |   |  |      |  |      |  |  |  |  |  |      |
| 518 | CHECK 106:<br><br>15 - 24 YEARS OLD <input type="checkbox"/><br>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></table><br>DON'T KNOW .....98  |      |  | →521 |  |  |  |  |  |      |
|     |   |  |      |  |      |  |  |  |  |  |      |
| 520 | Was this man younger, about the same age or older than you?<br><br>IF OLDER: Do you think he was less than 10 years older than you or 10 or more years older than you?  | YOUNGER THAN WOMAN .....1<br>ABOUT THE SAME AGE .....2<br>LESS THAN 10 YEARS OLDER .....3<br>10 OR MORE YEARS OLDER .....4<br>OLDER, DON'T KNOW DIFFERENCE .....5<br>DO NOT KNOW .....8  |      |  |      |  |  |  |  |  |      |
| 521 | The last time you had sexual intercourse, did you or your partner drink alcohol?<br><br>IF YES: Who was drinking?   | RESPONDENT ONLY .....1<br>PARTNER ONLY .....2<br>RESPONDENT AND PARTNER .....3<br>NEITHER .....4   |      |  |      |  |  |  |  |  |      |
| 522 | Have you had sex with any other man in the last 12 months?  | YES .....1<br>NO .....2  | →601 |  |      |  |  |  |  |  |      |
| 523 | The last time you had sexual intercourse with another man was a condom used?  | YES .....1<br>NO .....2  |      |  |      |  |  |  |  |  |      |
| 524 | What is your relationship to this man?<br><br>IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK:<br><br>Was your boyfriend/fiancé living with you when you last had sex with him?<br><br>IF YES, CIRCLE '01'.<br>IF NO, CIRCLE '02'.                           | SPOUSE/COHABITING PARTNER .....01<br>MAN IS BOYFRIEND/FIANCÉ .....02<br>OTHER FRIEND .....03<br>CASUAL ACQUAINTANCE .....04<br>RELATIVE .....05<br>COMMERCIAL SEX WORKER .....06<br><br>OTHER .....96<br>(SPECIFY)   | →526 |  |      |  |  |  |  |  |      |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP |  |      |  |      |  |  |  |  |
|-----|---|--|------|--|------|--|------|--|--|--|--|
| 525 | For how long have you had sexual relations with this man?   | DAYS.....1 <table border="1"><tr><td></td><td></td></tr></table><br>WEEKS.....2 <table border="1"><tr><td></td><td></td></tr></table><br>MONTHS .....3 <table border="1"><tr><td></td><td></td></tr></table><br>YEARS .....4 <table border="1"><tr><td></td><td></td></tr></table> |      |  |      |  |      |  |  |  |  |
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|     |   |  |      |  |      |  |      |  |  |  |  |
|     |   |  |      |  |      |  |      |  |  |  |  |
| 526 | CHECK 106:<br><br><div style="display: flex; justify-content: space-around; align-items: center;"> <div>15 - 24<br/>YEARS OLD <table border="1"><tr><td></td><td></td></tr></table></div> <div>25 - 49<br/>YEARS OLD <table border="1"><tr><td></td><td></td></tr></table></div> </div> |  |      |  |      |  | →529 |  |  |  |  |
|     |   |  |      |  |      |  |      |  |  |  |  |
|     |   |  |      |  |      |  |      |  |  |  |  |
| 527 | How old is this man?  | AGE OF PARTNER..... <table border="1"><tr><td></td><td></td></tr></table><br>DON'T KNOW .....98  |      |  | →529 |  |      |  |  |  |  |
|     |   |  |      |  |      |  |      |  |  |  |  |
| 528 | Was this man younger, about the same age or older than you?<br><br>IF OLDER: Do you think he was less than 10 years older than you or 10 or more years older than you?  | YOUNGER THAN WOMAN .....1<br>ABOUT THE SAME AGE.....2<br>LESS THAN 10 YEARS OLDER .....3<br>10 OR MORE YEARS OLDER .....4<br>OLDER, DON'T KNOW DIFFERENCE ....5<br>DO NOT KNOW .....8  |      |  |      |  |      |  |  |  |  |
| 529 | The last time you had sexual intercourse with this partner did you or your partner drink alcohol?<br><br>IF YES: Who was drinking?  | RESPONDENT ONLY .....1<br>PARTNER ONLY .....2<br>RESPONDENT AND PARTNER .....3<br>NEITHER .....4   |      |  |      |  |      |  |  |  |  |
| 530 | In total, with how many different men have you had sex in the last 12 months?   | NUMBER OF PARTNERS ..... <table border="1"><tr><td></td><td></td></tr></table>   |      |  |      |  |      |  |  |  |  |
|     |   |  |      |  |      |  |      |  |  |  |  |
| 531 | In the last 12 months, did any man pay you to have sex?   | YES.....1<br>NO.....2  | →601 |  |      |  |      |  |  |  |  |
| 532 | The last time you were paid to have sex, was a condom used?   | YES.....1<br>NO.....2  |      |  |      |  |      |  |  |  |  |

**SECTION 6. FERTILITY PREFERENCES**

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP                         |  |  |  |  |  |  |  |                      |
|-----|--|--|------------------------------|--|--|--|--|--|--|--|----------------------|
| 601 | CHECK 310/310A:<br><br><div style="display: flex; justify-content: space-around;"> <div>NEITHER<br/>STERILIZED <input type="checkbox"/></div> <div>HE OR SHE<br/>STERILIZED <input type="checkbox"/></div> </div>  |  | →610                         |  |  |  |  |  |  |  |                      |
| 602 | CHECK 226:<br><br><div style="display: flex; justify-content: space-around;"> <div>NOT PREGNANT<br/>OR UNSURE <input type="checkbox"/></div> <div>PREGNANT <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>Now I have some questions about the future.<br/>Would you like to have (a/another) child, or would you prefer not to have any (more) children?</div> <div>Now I have some questions about the future.<br/>After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?</div> </div> | HAVE (A/ANOTHER) CHILD ..... 1<br>NO MORE/NONE ..... 2<br>SAYS SHE CAN'T GET PREGNANT ..... 3<br>UNDECIDED/DON'T KNOW:<br>AND PREGNANT ..... 4<br>AND NOT PREGNANT<br>OR UNSURE ..... 5  | →604<br>→610<br>→610<br>→608 |  |  |  |  |  |  |  |                      |
| 603 | CHECK 226:<br><br><div style="display: flex; justify-content: space-around;"> <div>NOT PREGNANT<br/>OR UNSURE <input type="checkbox"/></div> <div>PREGNANT <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>How long would you like to wait from now before the birth of (a/another) child?</div> <div>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</div> </div>   | MONTHS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>YEARS..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table><br>SOON/NOW ..... 993<br>SAYS SHE CAN'T GET PREGNANT .... 994<br>AFTER MARRIAGE..... 995<br>OTHER ..... 996<br>(SPECIFY)<br>DON'T KNOW..... 998 |                              |  |  |  |  |  |  |  | →609<br>→610<br>→609 |
|     |  |  |                              |  |  |  |  |  |  |  |                      |
|     |  |  |                              |  |  |  |  |  |  |  |                      |
|     |  |  |                              |  |  |  |  |  |  |  |                      |
|     |  |  |                              |  |  |  |  |  |  |  |                      |
| 604 | CHECK 225:<br><br><div style="display: flex; justify-content: space-around;"> <div>NOT PREGNANT<br/>OR UNSURE <input type="checkbox"/></div> <div>PREGNANT <input type="checkbox"/></div> </div>   |  | →610                         |  |  |  |  |  |  |  |                      |
| 605 | CHECK 309: USING A CONTRACEPTIVE METHOD?<br><br><div style="display: flex; justify-content: space-around;"> <div>NOT<br/>ASKED <input type="checkbox"/></div> <div>NOT<br/>CURRENTLY<br/>USING <input type="checkbox"/></div> <div>CURRENTLY<br/>USING <input type="checkbox"/></div> </div>   |  | →608                         |  |  |  |  |  |  |  |                      |
| 606 | CHECK 603:<br><br><div style="display: flex; justify-content: space-around;"> <div>NOT<br/>ASKED <input type="checkbox"/></div> <div>24 OR MORE MONTHS<br/>OR 02 OR MORE YEARS <input type="checkbox"/></div> <div>00-23 MONTHS<br/>OR 00-01 YEAR <input type="checkbox"/></div> </div>  |  | →610                         |  |  |  |  |  |  |  |                      |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP |
|-----|--|--|------|
| 607 | <p>CHECK 602:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS TO HAVE<br/>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.<br/>Can you tell me why?</p> <p>Any other reason?</p> </div> <div style="text-align: center;"> <p>WANTS NO MORE/<br/>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.<br/>Can you tell me why?</p> <p>Any other reason?</p> </div> </div> <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<br/>(SPECIFY)</p> <p>DON'T KNOW.....Z</p> |      |
| 608 | 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>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> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <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> </div> <div style="text-align: center;"> <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> </div> </div> <p>PROBE FOR A NUMERIC RESPONSE.</p>   | <p>NUMBER.....<input style="width: 40px; border: 1px solid black;" type="text"/><input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER.....96<br/>(SPECIFY)</p>   |      |
| 611 | <p>CHECK 501:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>YES,<br/>CURRENTLY MARRIED <input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>YES,<br/>LIVING WITH A MAN <input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>NO,<br/>NOT IN UNION <input type="checkbox"/></p> </div> </div>   |  | →617 |
| 612 | <p>CHECK 310/310A:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ANY CODE CIRCLED <input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>NO CODE CIRCLED <input type="checkbox"/></p> </div> </div>   |  | →614 |
| 613 | 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>MAINLY RESPONDENT.....1</p> <p>MAINLY HUSBAND/PARTNER.....2</p> <p>JOINT DECISION.....3</p> <p>OTHER.....6<br/>(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:<br><br>NEITHER<br>STERILIZED <input type="checkbox"/><br>HE OR SHE<br>STERILIZED <input type="checkbox"/> _____   |  | →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<br>MORE CHILDREN..... 2<br>FEWER CHILDREN ..... 3<br>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:<br><br>She knows her husband has a sexually transmitted disease?<br>She knows her husband has sex with other women?<br>She knows her husband has sex with other wives?<br>She has recently given birth?<br>She is tired or not in the mood? | YES NO DK<br>HAS STD ..... 1 2 8<br>OTHER WOMEN..... 1 2 8<br>OTHER WIVES ..... 1 2 8<br>RECENT BIRTH ..... 1 2 8<br>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.<br><br>How many children did your mother give birth to, including you? | NUMBER OF BIRTHS TO NATURAL MOTHER..... <input type="text"/>             |  |  |  |  |  |      |
| 702 | CHECK 701:<br>TWO OR MORE BIRTHS <input type="text"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="text"/>  |  |  |  |  |  |  | →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?  | MALE .....1<br>FEMALE.....2  | MALE .....1<br>FEMALE ..... 2  | MALE .....1<br>FEMALE .....2   | MALE ..... 1<br>FEMALE ..... 2   | MALE ..... 1<br>FEMALE ..... 2   | MALE ..... 1<br>FEMALE..... 2  |      |
| 706 | Is (NAME) still alive?   | YES .....1<br>NO .....2<br>GO TO 708↵<br>DK .....8<br>GO TO [2] ↵        | YES ..... 1<br>NO ..... 2<br>GO TO 708↵<br>DK ..... 8<br>GO TO [3] ↵     | YES .....1<br>NO .....2<br>GO TO 708↵<br>DK ..... 8<br>GO TO [4] ↵       | YES ..... 1<br>NO ..... 2<br>GO TO 708↵<br>DK ..... 8<br>GO TO [5] ↵     | YES ..... 1<br>NO .....2<br>GO TO 708↵<br>DK ..... 8<br>GO TO [6] ↵      | YES .....1<br>NO .....2<br>GO TO 708 ↵<br>DK .....8<br>GO TO [7] ↵       |      |
| 707 | How old is (NAME)?   | <input type="text"/><br>GO TO [2]  | <input type="text"/><br>GO TO [3]  | <input type="text"/><br>GO TO [4]  | <input type="text"/><br>GO TO [5]  | <input type="text"/><br>GO TO [6]  | <input type="text"/><br>GO TO [7]  |      |
| 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"/>   |      |
| 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"/>   |      |
| 710 | How old was (NAME) when he/she died?   | <input type="text"/><br>IF MALE OR DIED BEFORE AGE 12 YEARS<br>GO TO [2] | <input type="text"/><br>IF MALE OR DIED BEFORE AGE 12 YEARS<br>GO TO [3] | <input type="text"/><br>IF MALE OR DIED BEFORE AGE 12 YEARS<br>GO TO [4] | <input type="text"/><br>IF MALE OR DIED BEFORE AGE 12 YEARS<br>GO TO [5] | <input type="text"/><br>IF MALE OR DIED BEFORE AGE 12 YEARS<br>GO TO [6] | <input type="text"/><br>IF MALE OR DIED BEFORE AGE 12 YEARS<br>GO TO [7] |      |
| 711 | Was (NAME) pregnant when she died?   | YES .....1<br>GO TO 714↵<br>NO .....2                                    | YES ..... 1<br>GO TO 714↵<br>NO ..... 2                                  | YES .....1<br>GO TO 714↵<br>NO .....2                                    | YES ..... 1<br>GO TO 714↵<br>NO ..... 2                                  | YES ..... 1<br>GO TO 714↵<br>NO ..... 2                                  | YES ..... 1<br>GO TO 714↵<br>NO ..... 2                                  |      |
| 712 | Did (NAME) die during childbirth?  | YES .....1<br>GO TO 715↵<br>NO .....2                                    | YES ..... 1<br>GO TO 715↵<br>NO ..... 2                                  | YES .....1<br>GO TO 715↵<br>NO .....2                                    | YES ..... 1<br>GO TO 715↵<br>NO ..... 2                                  | YES ..... 1<br>GO TO 715↵<br>NO ..... 2                                  | YES ..... 1<br>GO TO 715↵<br>NO ..... 2                                  |      |
| 713 | Did (NAME) die within two months after the end of a pregnancy or childbirth?   | YES .....1<br>NO .....2<br>GO TO 715↵                                    | YES ..... 1<br>NO ..... 2<br>GO TO 715↵                                  | YES .....1<br>NO .....2<br>GO TO 715↵                                    | YES ..... 1<br>NO ..... 2<br>GO TO 715↵                                  | YES ..... 1<br>NO .....2<br>GO TO 715↵                                   | YES ..... 1<br>NO ..... 2<br>GO TO 715↵                                  |      |
| 714 | Was her death due to complications of pregnancy or childbirth?   | YES .....1<br>NO .....2  | YES ..... 1<br>NO ..... 2  | YES .....1<br>NO .....2  | YES ..... 1<br>NO ..... 2  | YES ..... 1<br>NO ..... 2  | YES ..... 1<br>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"/>   |      |

|   |   |  |   |  |  |  |  |
|---|---|--|---|--|--|--|--|
| 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?   | MALE ..... 1<br>FEMALE ..... 2   | MALE ..... 1<br>FEMALE ..... 2  | MALE ..... 1<br>FEMALE ..... 2   | MALE ..... 1<br>FEMALE ..... 2   | MALE ..... 1<br>FEMALE ..... 2   | MALE ..... 1<br>FEMALE ..... 2   |
| 706                                       | Is (NAME) still alive?  | YES ..... 1<br>NO ..... 2<br>GO TO 708 ↵<br>DK ..... 8<br>GO TO [8] ↵                                  | YES ..... 1<br>NO ..... 2<br>GO TO 708 ↵<br>DK ..... 8<br>GO TO [9] ↵                               | YES ..... 1<br>NO ..... 2<br>GO TO 708 ↵<br>DK ..... 8<br>GO TO [10] ↵                               | YES ..... 1<br>NO ..... 2<br>GO TO 708 ↵<br>DK ..... 8<br>GO TO [11] ↵                               | YES ..... 1<br>NO ..... 2<br>GO TO 708 ↵<br>DK ..... 8<br>GO TO [12] ↵                               | YES ..... 1<br>NO ..... 2<br>GO TO 708 ↵<br>DK ..... 8<br>GO TO [13] ↵                               |
| 707                                       | How old is (NAME)?  | <input type="text"/> <input type="text"/><br>GO TO [8]   | <input type="text"/> <input type="text"/><br>GO TO [9]  | <input type="text"/> <input type="text"/><br>GO TO [10]  | <input type="text"/> <input type="text"/><br>GO TO [11]  | <input type="text"/> <input type="text"/><br>GO TO [12]  | <input type="text"/> <input type="text"/><br>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"/><br>IF MALE OR<br>DIED BEFORE<br>AGE 12<br>YEARS<br>GO TO [8] | <input type="text"/> <input type="text"/><br>IF MALE OR<br>DIED BEFORE<br>AGE 12 YEARS<br>GO TO [9] | <input type="text"/> <input type="text"/><br>IF MALE OR<br>DIED BEFORE<br>AGE 12 YEARS<br>GO TO [10] | <input type="text"/> <input type="text"/><br>IF MALE OR<br>DIED BEFORE<br>AGE 12 YEARS<br>GO TO [11] | <input type="text"/> <input type="text"/><br>IF MALE OR<br>DIED BEFORE<br>AGE 12 YEARS<br>GO TO [12] | <input type="text"/> <input type="text"/><br>IF MALE OR<br>DIED BEFORE<br>AGE 12 YEARS<br>GO TO [13] |
| 711                                       | Was (NAME) pregnant when she died?  | YES ..... 1<br>GO TO 714 ↵<br>NO ..... 2   | YES ..... 1<br>GO TO 714 ↵<br>NO ..... 2  | YES ..... 1<br>GO TO 714 ↵<br>NO ..... 2   | YES ..... 1<br>GO TO 714 ↵<br>NO ..... 2   | YES ..... 1<br>GO TO 714 ↵<br>NO ..... 2   | YES ..... 1<br>GO TO 714 ↵<br>NO ..... 2   |
| 712                                       | Did (NAME) die during childbirth?   | YES ..... 1<br>GO TO 715 ↵<br>NO ..... 2   | YES ..... 1<br>GO TO 715 ↵<br>NO ..... 2  | YES ..... 1<br>GO TO 715 ↵<br>NO ..... 2   | YES ..... 1<br>GO TO 715 ↵<br>NO ..... 2   | YES ..... 1<br>GO TO 715 ↵<br>NO ..... 2   | YES ..... 1<br>GO TO 715 ↵<br>NO ..... 2   |
| 713                                       | Did (NAME) die within two months after the end of a pregnancy or childbirth?            | YES ..... 1<br>NO ..... 2<br>GO TO 715 ↵   | YES ..... 1<br>NO ..... 2<br>GO TO 715 ↵  | YES ..... 1<br>NO ..... 2<br>GO TO 715 ↵   | YES ..... 1<br>NO ..... 2<br>GO TO 715 ↵   | YES ..... 1<br>NO ..... 2<br>GO TO 715 ↵   | YES ..... 1<br>NO ..... 2<br>GO TO 715 ↵   |
| 714                                       | Was her death due to complications of pregnancy or childbirth?                          | YES ..... 1<br>NO ..... 2  | YES ..... 1<br>NO ..... 2   | YES ..... 1<br>NO ..... 2  | YES ..... 1<br>NO ..... 2  | YES ..... 1<br>NO ..... 2  | YES ..... 1<br>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.<br>Have you ever heard of an illness called AIDS?  | YES ..... 1<br>NO ..... 2   | →836  |
| 802 | Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | └→809 |
| 803 | What can a person do?<br><br>Anything else?<br><br>RECORD ALL WAYS MENTIONED.   | ABSTAIN FROM SEX ..... A<br>USE CONDOMS ..... B<br>LIMIT SEX TO ONE PARTNER/STAY<br>FAITHFUL TO ONE PARTNER ..... C<br>LIMIT NUMBER OF SEXUAL<br>PARTNERS ..... D<br>AVOID SEX WITH PROSTITUTES ..... E<br>AVOID SEX WITH PERSONS WHO<br>HAVE MANY PARTNERS ..... F<br>AVOID SEX WITH HOMOSEXUALS ..... G<br>AVOID SEX WITH PERSONS WHO<br>INJECT DRUGS INTRAVENOUSLY ... H<br>AVOID BLOOD TRANSFUSIONS ..... I<br>AVOID INJECTIONS ..... J<br>AVOID SHARING RAZORS/BLADES ..... K<br>AVOID KISSING ..... L<br>AVOID MOSQUITO BITES ..... M<br>SEEK PROTECTION FROM<br>TRADITIONAL PRACTITIONER ..... N<br><br>OTHER ..... W<br>(SPECIFY)<br><br>OTHER ..... X<br>(SPECIFY)<br>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<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |
| 805 | Can a person get HIV/AIDS from mosquito bites?  | YES ..... 1<br>NO ..... 2<br>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<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |
| 807 | Can people get HIV by sharing food with a person who has HIV/AIDS?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |
| 808 | Can people reduce their chance of getting HIV/AIDS by not having sex at all?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |
| 809 | Can people get HIV/AIDS because of witchcraft or other supernatural means?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |       |
| 810 | Is it possible for a healthy-looking person to have HIV/AIDS?   | YES ..... 1<br>NO ..... 2<br>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<br>NO ..... 2   |       |
| 812 | Can HIV/AIDS be transmitted from a mother to a child?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | └→815 |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP |
|-----|--|--|------|
| 813 | Can HIV/AIDS be transmitted from a mother to a child:<br><br>During pregnancy?<br>During delivery?<br>By breastfeeding?  | <div style="text-align: right;">YES      NO      DK</div> DURING PREG ..... 1      2      8<br>DURING DELIVERY... 1      2      8<br>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<br>NO ..... 2<br>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<br>NO ..... 2<br>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<br>NO ..... 2<br>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<br>NO ..... 2<br>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<br>SHOULD NOT CONTINUE ..... 2<br>DON'T KNOW /UNSURE/DEPENDS ..... 8  |      |
| 819 | Should children aged 12-14 be taught about using a condom to avoid HIV/AIDS?   | YES ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS..... 8  |      |
| 820 | CHECK 215:<br><br><div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div> LAST BIRTH SINCE<br/>JANUARY 2000 <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; background-color: black;"></div> </div> </div> <div> LAST BIRTH BEFORE<br/>JANUARY 2000 <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; background-color: black;"></div> </div> </div> </div> |  | →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<br>NO ..... 2  | →828 |
| 822 | During any of the antenatal visits for that pregnancy, did any one talk to you about:<br><br>Things that you can do to prevent getting HIV/AIDS?<br><br>Using family planning?   | <div style="text-align: right;">YES NO DK</div> PREVENT AIDS                      1    2    8<br><br>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<br>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<br>OFFERED AND ACCEPTED ..... 2<br>REQUIRED..... 3  |      |
| 825 | I do not want to know the results, but did you get the results of the test?  | YES ..... 1<br>NO ..... 2  |      |
| 826 | Where was the test done?<br><br><br><br><br>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.<br><br><div style="border-bottom: 1px solid black; width: 200px; margin: 0 auto;"></div> <div style="text-align: center;">(NAME OF PLACE)</div>  | <b>PUBLIC SECTOR</b><br>GOVERNMENT HOSPITAL ..... 11<br>GOVT. HEALTH CENTRE/CLINIC..... 12<br>GOVERNMENT DISPENSARY ..... 13<br><br>OTHER PUBLIC ..... 16<br><div style="text-align: right;">(SPECIFY)</div><br><b>PRIVATE MEDICAL SECTOR</b><br>MISSION/CHURCH HOSP. CLINIC ... 21<br>FP HEALTH CENTRE/CLINIC ..... 22<br>PRIVATE HOSPITAL/CLINIC..... 23<br>PHARMACY ..... 24<br>PRIVATE DOCTOR..... 25<br>NURSING/MATERNITY HOME..... 26<br>BLOOD TRANSFUSION SERVICE ..... 31<br><br>OTHER ..... 96<br><div style="text-align: right;">(SPECIFY)</div> |      |

| 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<br>NO ..... 2  | →829<br>→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<br>NO ..... 2  | →833         |
| 829 | When was the last time you were tested?  | LESS THAN 12 MONTHS AGO ..... 1<br>12-23 MONTHS AGO ..... 2<br>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<br>OFFERED AND ACCEPTED ..... 2<br>REQUIRED ..... 3   |              |
| 831 | Where was the test done?<br><br>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.<br><br>_____ (NAME OF PLACE)       | <b>PUBLIC SECTOR</b><br>GOVERNMENT HOSPITAL ..... 11<br>GOVT. HEALTH CENTRE/CLINIC ..... 12<br>GOVERNMENT DISPENSARY ..... 13<br><br>OTHER PUBLIC ..... 16<br>(SPECIFY)<br><b>PRIVATE MEDICAL SECTOR</b><br>MISSION/CHURCH HOSP. CLINIC ... 21<br>FP HEALTH CENTRE/CLINIC ..... 22<br>PRIVATE HOSPITAL/CLINIC ..... 23<br>PHARMACY ..... 24<br>PRIVATE DOCTOR ..... 25<br>NURSING/MATERNITY HOME ..... 26<br>BLOOD TRANSFUSION SERVICE ..... 31<br><br>OTHER ..... 96<br>(SPECIFY) |              |
| 832 | I do not want to know the results, but did you get the results of the test?  | YES ..... 1<br>NO ..... 2  | →836         |
| 833 | Would you want to be tested for HIV/AIDS?  | YES ..... 1<br>NO ..... 2<br>DK/NOT SURE/DEPENDS ..... 8   |              |
| 834 | Do you know a place where you could go to get an HIV/AIDS test?  | YES ..... 1<br>NO ..... 2  | →836         |
| 835 | Where can you go for the test?<br><br>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.<br><br>_____ (NAME OF PLACE) | <b>PUBLIC SECTOR</b><br>GOVERNMENT HOSPITAL ..... 11<br>GOVT. HEALTH CENTRE/CLINIC ..... 12<br>GOVERNMENT DISPENSARY ..... 13<br><br>OTHER PUBLIC ..... 16<br>(SPECIFY)<br><b>PRIVATE MEDICAL SECTOR</b><br>MISSION/CHURCH HOSP. CLINIC ... 21<br>FP HEALTH CENTRE/CLINIC ..... 22<br>PRIVATE HOSPITAL/CLINIC ..... 23<br>PHARMACY ..... 24<br>PRIVATE DOCTOR ..... 25<br>NURSING/MATERNITY HOME ..... 26<br>BLOOD TRANSFUSION SERVICE ..... 31<br><br>OTHER ..... 96<br>(SPECIFY) |              |
| 836 | (Apart from HIV/AIDS), have you heard about other infections that can be transmitted through sexual contact?   | YES ..... 1<br>NO ..... 2  |              |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP |
|-----|--|---|------|
| 837 | <p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>                                    | <p>ABDOMINAL PAIN ..... A</p> <p>GENITAL DISCHARGE/DRIPPING ..... B</p> <p>FOUL SMELLING DISCHARGE ..... C</p> <p>BURNING PAIN ON URINATION ..... D</p> <p>REDNESS/INFLAMMATION IN<br/>GENITAL AREA ..... E</p> <p>SWELLING IN GENITAL AREA ..... F</p> <p>GENITAL SORES/ULCERS ..... G</p> <p>GENITAL WARTS ..... H</p> <p>GENITAL ITCHING ..... I</p> <p>BLOOD IN URINE ..... J</p> <p>LOSS OF WEIGHT ..... K</p> <p>IMPOTENCE ..... L</p> <p>OTHER ..... W<br/>(SPECIFY)</p> <p>OTHER ..... X<br/>(SPECIFY)</p> <p>NO SYMPTOMS ..... Y</p> <p>DON'T KNOW ..... Z</p>                     |      |
| 838 | <p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>                                 | <p>ABDOMINAL PAIN ..... A</p> <p>GENITAL DISCHARGE ..... B</p> <p>FOUL SMELLING DISCHARGE ..... C</p> <p>BURNING PAIN ON URINATION ..... D</p> <p>REDNESS/INFLAMMATION IN<br/>GENITAL AREA ..... E</p> <p>SWELLING IN GENITAL AREA ..... F</p> <p>GENITAL SORES/ULCERS ..... G</p> <p>GENITAL WARTS ..... H</p> <p>GENITAL ITCHING ..... I</p> <p>BLOOD IN URINE ..... J</p> <p>LOSS OF WEIGHT ..... K</p> <p>HARD TO GET PREGNANT/<br/>HAVE A CHILD ..... L</p> <p>OTHER ..... W<br/>(SPECIFY)</p> <p>OTHER ..... X<br/>(SPECIFY)</p> <p>NO SYMPTOMS ..... Y</p> <p>DON'T KNOW ..... Z</p> |      |
| 839 | <p>CHECK 511:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>   |   | →846 |
| 840 | 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>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>  |      |
| 841 | <p>Sometimes women experience a bad smelling abnormal genital discharge.</p> <p>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>  |      |
| 842 | <p>Sometimes women have a genital sore or ulcer.</p> <p>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>  |      |
| 843 | <p>CHECK 840, 841, 842:</p> <p>HAS HAD AN INFECTION <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KOW <input type="checkbox"/></p>                           |   | →846 |
| 844 | The last time you had (PROBLEM FROM 840/841/842), did you seek any kind of advice or treatment?  | <p>YES ..... 1</p> <p>NO ..... 2</p>  | →846 |

| 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><b>PUBLIC SECTOR</b></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><b>PRIVATE MEDICAL SECTOR</b></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 MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></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:<br><br><div style="display: flex; justify-content: space-around;"> <div> <p>CURRENTLY MARRIED/<br/>LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>FORMERLY MARRIED/<br/>LIVED WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>NEVER MARRIED<br/>AND NEVER<br/>LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div>  | <div style="display: flex; justify-content: space-between;"> <span>→903</span> <span>→906</span> </div>   |      |
| 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?   | YES .....1<br>NO .....2   | →905 |
| 904 | What was the highest (standard/grade/year) he completed at that level?  | LESS THAN 1 YEAR COMPLETED .....00<br>SUB A/GRADE 1 .....01<br>SUB B/GRADE 2 .....02<br>STANDARD 1/GRADE 3 .....03<br>STANDARD 2/GRADE 4 .....04<br>STANDARD 3/GRADE 5 .....05<br>STANDARD 4/GRADE 6 .....06<br>STANDARD 5/GRADE 7 .....07<br>STANDARD 6/GRADE 8 .....08<br>STANDARD 7/GRADE 9 .....09<br>STANDARD 8/GRADE 10 .....10<br>STANDARD 9/GRADE 11 .....11<br>STANDARD 10/GRADE 12 .....12<br>FURTHER STUDIES INCOMPLETE .....13<br>DIPLOMA/OTHER POSTSCHL COMPL .....14<br>FURTHER DEGREE COMPLETE .....15<br>DO NOT KNOW .....98  |      |
| 905 | CHECK 901:<br><br><div style="display: flex; justify-content: space-around;"> <div> <p>CURRENTLY MARRIED/<br/>LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div> <p>FORMERLY MARRIED/<br/>LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div> <p>What is your husband's/partner's occupation?<br/>That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/partner's occupation?<br/>That is, what kind of work did he mainly do?</p> | <div style="display: flex; justify-content: space-between;"> <div> <input type="text"/><br/> <input type="text"/><br/> <input type="text"/> </div> <div> <input type="text"/><br/> <input type="text"/><br/> <input type="text"/> </div> </div>   |      |
| 906 | Who in your family usually has the final say on the following decisions:<br><br>Your own health care?<br>Making large household purchases?<br>Making household purchases for daily needs?<br>Visits to family or relatives?<br>What food should be cooked each day?   | RESPONDENT = 1<br>HUSBAND/PARTNER = 2<br>RESPONDENT & HUSBAND/PARTNER JOINTLY = 3<br>SOMEONE ELSE = 4<br>RESPONDENT & SOMEONE ELSE JOINTLY = 5<br>DECISION NOT MADE/NOT APPLICABLE = 6<br><br><div style="display: flex; justify-content: space-between;"> <div>             1    2    3    4    5    6<br/>             1    2    3    4    5    6<br/>             1    2    3    4    5    6<br/>             1    2    3    4    5    6<br/>             1    2    3    4    5    6           </div> </div>                               |      |
| 907 | PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)  | <div style="display: flex; justify-content: space-around;"> <div> <p>PRES/<br/>LISTEN.</p> </div> <div> <p>PRES/<br/>NOT<br/>LISTEN.</p> </div> <div> <p>NOT<br/>PRES</p> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>             CHILDREN &lt;10 .....1<br/>             HUSBAND .....1<br/>             OTHER MALES .....1<br/>             OTHER FEMALES .....1           </div> <div>             2<br/>2<br/>2<br/>2           </div> <div>             8<br/>8<br/>8<br/>8           </div> </div> |      |

| 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?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she burns the food?</p> | <p>YES</p> <p>GOES OUT ..... 1</p> <p>NEGL. CHILDREN ... 1</p> <p>ARGUES ..... 1</p> <p>REFUSES SEX ..... 1</p> <p>BURNS FOOD ..... 1</p> | <p>NO</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>                           | <p>DK</p> <p>8</p> <p>8</p> <p>8</p> <p>8</p> <p>8</p> |      |  |  |  |  |
| 909 | RECORD THE TIME   | <p>HOURS .....</p> <p>MINUTES .....</p>   | <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> |  |      |  |  |  |  |
|     |   |   |  |  |      |  |  |  |  |
|     |   |   |  |  |      |  |  |  |  |

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S/ EDITOR'S OBSERVATIONS

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NAME OF THE SUPERVISOR/EDITOR:\_\_\_\_\_ DATE:

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