

## IDENTIFICATION

NAME OF A TOLL	
ZONE/VILLAGE	
GPS UNIT NUMBER	
GPS WAY POINT NUMBER	
LATITUDE (N)	
LONGITUDE (E)	
NAME OF HOUSEHOLD HEAD	
HOUSEHOLD NUMBER	
URBAN/RURAL (URBAN=1, RURAL=2)	
NAME AND LINE NUMBER OF WOMAN	

		1	2	3	FINAL VISIT
DATE					DAY MONTH YEAR
INTERVIEWER'S NAME					INT. NUMBER
RESULT*					RESULT
NEXT VISIT:	DATE				TOTAL NUMBER OF VISITS
	TIME				

[illegible][illegible]

TEAM SUPERVISOR				FIELD EDITOR				OFFICE EDITOR		KEYED BY	
NAME				NAME							
DATE				DATE							

## SECTION 1. RESPONDENT'S BACKGROUND

### INTRODUCTION AND CONSENT

#### INFORMED CONSENT

Hello. My name is \_\_\_\_\_ and I am working with Economic Policy, Planning and Statistics Office. We are conducting a national survey that asks women (and men) about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 30 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. We hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

*lakwe. Eta in \_\_\_\_\_ im ijjerbal ibben Economic Policy, Planning and Statistics Office eo. Kemij kōmmame juon national survey ak ekatak imej kajitōkin ak bōk melele ko jen kōrā ak emmaan ro kin ebool kain melele ko ikijen ejmour. Emenin uteij b\_ro elap elañe kwōnaj jibañ im bōk konam ilo ekatak in. Aolep melele kein bōk jen eok enaj lap an jibañ Kien eo ejaaki pepe ak buñton ko ñan kōkmanmanlok jerbal ko an jikin Ejmour eo. Ekatak in ekkā an bōk 30 lok ñan 60 minute aetokan. Aolep melele ko bōk jen eok naj bed ilo tinwadrik im ban ajeeded ñan ro jet.*

*Elañe jenaj tōbar tok kajitōk ko im kwōjjab kōnaan uaki, jiroñ tok iō bwe ke jro wōnmanlok wōtñan kajitōk ko jet. Jej kōjatdikdik bwe kwōnaj mōnōñ in bōk konam ilo ekatak in einwōtke aolep melele im lemnak ko am elap aer aorōk.*

*Ewōr ke am kajitōk kin ekatak in ilo tōre in? Imaroñ ke jino kajitōkin eok kiō?*

Signature of interviewer:

Date:

RESPONDENT AGREES TO BE INTERVIEWED

..... 1

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED

..... 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	<div>HOUR ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span></div> <div>MINUTES ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span></div>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? <i>Ewi aetokan am kar jokwe ak bed (ETAN JIKIN IN)?</i>	<div>YEARS ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span></div> <div>ALWAYS ..... 95</div> <div>VISITOR ..... 96</div>	<div>IF LESS THAN ONE YEAR, RECORD '00' YEARS.</div> <div>→ 104</div>
103	Just before you moved here, in what island/atoll and islet did you usually reside? <i>Mōkta jen am kar jokwe jjin, ene im aito ta eo ekkā am kar jokwe ak bed ie?</i>	<div>DIFFERENT ATOLL/ISLAND ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span></div> <div>SAME ATOLL, DIFFERENT ZONE ... 94</div> <div>SAME ATOLL, DIFFERENT ISLET ... 95</div> <div>OVERSEAS ..... 96</div>	<div>WRITE THE NAME OF THE ATOLL/ISLAND &amp; ISLET</div> <div>(SPECIFY)</div>
104	In what month and year were you born? <i>Alloñ im yio ta eo kwar lotak ie?</i>	<div>MONTH ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span></div> <div>DONT KNOW MONTH ..... 98</div> <div>YEAR ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span></div> <div>DONT KNOW YEAR ..... 9998</div>	
105	How old were you at your last birthday? <i>Jete am yio jen kar kemem eo am elikata?</i>	<div>AGE IN COMPLETED YEARS <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span></div>	
	COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	Have you ever attended school? <i>Konañin ke kar b ed ilo jikuul?</i>	YES ..... 1 NO ..... 2	110
107	What is the highest level of school you attended: elementary, secondary, or higher?  <i>Lab el ta eo eliktata ak euteij tata kwar b ed ie: elementary ke, high school ke, uteijlok?</i>	ELEMENTARY ..... 01 HIGH SCHOOL ..... 02 VOCATIONAL ..... 03 SOME COLLEGE ..... 04 ASSOCIATE DEGREE ..... 05 BACHELOR'S DEGREE ..... 06 MASTER'S DEGREE ..... 07 PROFESSIONAL DEGREE ..... 08 DOCTORATE DEGREE ..... 09 OTHER ..... 10 DONT KNOW ..... 98	
108	What is the highest (grade/year) you completed at that level? <i>Class ta eo euteijtata ak eliktata kwar kadredreiklok?</i>	GRADE/YEAR ..... <input type="text"/>	
109	CHECK 107:  ELEMENTARY <input type="checkbox"/> HIGH SCHOOL OR HIGHER <input type="checkbox"/>		113
110	Now I would like you to read this sentence to me. <i>Komaroñ ke riiti tok naan kein ñan ña.</i>  SHOW CARD TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me? <i>Komaroñ ke riiti tok jet ak jidik in wõtnaan kein?</i>	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE. .... 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
111	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including elementary school)? <i>Konañin ke kar b õk konam ak b ed ilo b _rookraam ñan b ukotjelalokjen ak b _rookraam ko jetim rej katakin kilen riitim jeje jimor (ijelokin elementary jikuul)?</i>	YES ..... 1 NO ..... 2	
112	CHECK 110:  CODE '2', '3' OR '4' <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		114
113	Do you read a newspaper or magazine almost every day, at least a week, once a week, less than once a week or not at all? <i>Ewi emakijkij in am riit newspaper ak magazine: eitn aolep raan ke, diktata juon katõn ilo juon week ke, eddiklok jen juon katõn ilo juon week ke, kwõj jab kijoñ riiti men kein?</i>	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
114	Do you listen to the radio almost every day, at least once less than once a week or not at all? <i>Ewi emakijkij in am roñjake radio: eitn aolep raan ke, diktata juon katõn ilo juon week, eddiklok jen juon katõn ilo juon week ke, kwõj jab kijoñ roñjake radio?</i>	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
115	Do you watch television almost every day, at least once a week, less than once a week or not at all? <i>Ewi emakijkij in am aluuj TV: eitn aolep raan ke, diktata juon katõn ilo juon week ke, eddiklok jen juon katõn ilo juon week ke, kwõj jab kijoñ aluuj TV?</i>	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	







## SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth? <i>Kiiō ikōnaan kajitōk jet kajitōk ko ikijen aolep ajiri ro nejim. Jej kenono kin aolep ajiri ro me lukkun nejim im jab ajiri ro kwar kakaajiriki er. Enaŋin ke wōr nejim?</i>	YES .....	1	→ 206
		NO .....	2	
202	Do you have any sons or daughters to whom you have given birth who are now living with you? <i>Ewōr ke nejim likao ak jiron im rej jokwe im mour ib b am?</i>	YES .....	1	→ 204
		NO .....	2	
203	How many sons live with you? <i>Jete nejim laddrik im rej jokwe im mour ib b am?</i>  And how many daughters live with you? <i>Jete nejim leddrik im rej jokwe im mour ib b am?</i>  IF NONE, RECORD '00'.	SONS AT HOME .....	<input type="text"/> <input type="text"/>	
		DAUGHTERS AT HOME .....	<input type="text"/> <input type="text"/>	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? <i>Ewōr ke nejim likao ak jiron ro im rej mour wōtak rej jab jokwe ib b am?</i>	YES .....	1	→ 206
		NO .....	2	
205	How many sons are alive but do not live with you? <i>Jete nejim laddrik im rej mour wōtak rej jab jokwe ak b ed ib b am?</i>  And how many daughters are alive but do not live with you? <i>Jete nejim leddrik im rej mour wōtak rej jab jokwe ak b ed ib b am?</i>  IF NONE, RECORD '00'.	SONS ELSEWHERE .....	<input type="text"/> <input type="text"/>	
		DAUGHTERS ELSEWHERE .....	<input type="text"/> <input type="text"/>	
206	Have you ever given birth to a boy or girl who was born alive but later died? <i>Enaŋin ke wōr nejim (kob an lojem) leddrik ak laddrik im rar lotak im mour im jako ak mij tokelik?</i>  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive? <i>Ekkar ke wor ajiri im ear lotak tok im jan ak kwalok jet kakōlle in emourur ak ejjab to an b ed?</i>	YES .....	1	→ 208
		NO .....	2	
207	How many boys have died? <i>Jete laddrik emōj an jako ak mij?</i>  And how many girls have died? <i>Jete leddrik emōj an jako ak mij?</i>  IF NONE, RECORD '00'.	BOYS DEAD .....	<input type="text"/> <input type="text"/>	
		GIRLS DEAD .....	<input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL .....	<input type="text"/> <input type="text"/>	
209	CHECK 208: Just to make sure that I have this right you have had in TOTAL _____ births during your life. Is that correct? <i>Nan kamool im lale ejimwe ke ao jerb al: ejimwe ke ewōr tann _____ nejim ajiri im rej kob an lojem?</i>  YES <input type="checkbox"/> NO <input type="checkbox"/>	PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>	→ 226		

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.  
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.  
 (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

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

212	213	214	215	216	217	218	219	220	221
What name was given to your next baby?	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
(NAME)									
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES.... 1 NO.... 2 220	AGE IN YEARS <input type="text"/>	YES.... 1 NO.... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS.... 1 MONTHS... 2 YEARS... 3	YES.... 1 ADD BIRTH NO.... 2 NEXT BIRTH
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES.... 1 NO.... 2 220	AGE IN YEARS <input type="text"/>	YES.... 1 NO.... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS.... 1 MONTHS... 2 YEARS... 3	YES.... 1 ADD BIRTH NO.... 2 NEXT BIRTH
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES.... 1 NO.... 2 220	AGE IN YEARS <input type="text"/>	YES.... 1 NO.... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS.... 1 MONTHS... 2 YEARS... 3	YES.... 1 ADD BIRTH NO.... 2 NEXT BIRTH
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES.... 1 NO.... 2 220	AGE IN YEARS <input type="text"/>	YES.... 1 NO.... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS.... 1 MONTHS... 2 YEARS... 3	YES.... 1 ADD BIRTH NO.... 2 NEXT BIRTH
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES.... 1 NO.... 2 220	AGE IN YEARS <input type="text"/>	YES.... 1 NO.... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS.... 1 MONTHS... 2 YEARS... 3	YES.... 1 ADD BIRTH NO.... 2 NEXT BIRTH
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES ..... NO .....			
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) CHECK: FOR EACH BIRTH YEAR OF BIRTH IS RECORDED. FOR EACH BIRTH SINCE JANUARY 2002: MONTH AND YEAR OF BIRTH ARE RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.								
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2002 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226.								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
225	FOR EACH BIRTH SINCE JANUARY 2002, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)								
226	Are you pregnant now? <i>Kwōj b őroro ak nañinmej ke kiiō?</i>	YES ..... 1 NO ..... 2 UNSURE ..... 8	 229						
227	How many months pregnant are you? <i>Jete am alloñ kiiō?</i>	MONTHS ..... <table border="1" data-bbox="1220 499 1313 555"><tr><td></td><td></td></tr></table>							
	RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.								
228	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all? <i>Ilo őroro eo kwar jino b őroro, kwar kōnaan b őroro ien eo ke, kwar kōnaan kōttar ñan tokelik, ke kwar jab kōnaan b wen (b ar) wōr nejim?</i>	THEN ..... 1 LATER ..... 2 NOT AT ALL ..... 3							
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth? <i>Enañin ke wōr ien am b őroro im ej wōllok im jerata lõjem, ak kwar make joloke, ak ear jib uñ?</i>	YES ..... 1 NO ..... 2	 237						
230	When did the last such pregnancy end? <i>Naāteo b őroro in ear b őrak ak jemlok kiten ie?</i>	MONTH ..... <table border="1" data-bbox="1220 1014 1313 1070"><tr><td></td><td></td></tr></table> YEAR ..... <table border="1" data-bbox="1129 1070 1313 1126"><tr><td></td><td></td><td></td><td></td></tr></table>							
231	CHECK 230: <div style="display: flex; justify-content: space-around; align-items: center;"><div>LAST PREGNANCY ENDED IN JAN. 2002 OR LATER</div><div></div><div>LAST PREGNANCY ENDED BEFORE JAN. 2002</div><div></div></div>		 237						
232	How many months pregnant were you when the last such pregnancy ended? <i>Jete am alloñ ien eo ke ej jako am b őroro?</i>	MONTHS ..... <table border="1" data-bbox="1220 1283 1313 1339"><tr><td></td><td></td></tr></table>							
	RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.								
233	Since January 2002, have you had any other pregnancies that did not result in a live birth? <i>Jen January 2002 eo, enañin ke b ar wōr nejim im rar lotak tok im ear jib uñ ak emōj aer jako ak mij kadredre?</i>	YES ..... 1 NO ..... 2	 235						
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2002.  ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.								



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
235	<p>Did you have any miscarriages, abortions or stillbirths that ended before 2002?</p> <p><i>Konañin ke bōroro im ejemlok ilo an:</i></p> <p><i>wōtlok im jerata lojem?</i></p> <p><i>kar make maan lojem?</i></p> <p><i>lotak tok ajiri eo ak emōj an jako (jibuñ)?</i></p> <p><i>mokta jen 2002?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 237																
236	<p>When did the last such pregnancy that terminated before 2002 end?</p> <p><i>Nāāt eo ak alloñ im yio ta eo bōroro in ear jemlok kitien ie?</i></p>	<p>MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table></p>																	
237	<p>When did your last menstrual period start?</p> <p><i>Nāāt eo mejen alloñ eo am eliktata ear ijino ie?</i></p> <p>_____</p> <p>(DATE, IF GIVEN)</p>	<p>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></table></p> <p>WEEKS AGO ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MONTHS AGO ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>YEARS AGO ..... 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994</p> <p>BEFORE LAST BIRTH ..... 995</p> <p>NEVER MENSTRUATED ..... 996</p>																	



SECTION 3. CONTRACEPTION			
301	<p>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.</p> <p><i>Kiiõ inajj kõnnaan kin b amle planning ak wäwein ko im ruo ri-b elele ak ruo armej remaron kõjerb al ñan jib añ karumwijlok ak b õb rae an kõrã eo b õroro.</i></p> <p>Which ways or methods have you heard about?</p> <p><i>wäwein rõtian wäwein kein emõjam roñ kake?</i></p> <p>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? <i>Konañin ke kar roñ kin (WÄWEINEO)?</i></p> <p>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.</p>		302 Have you ever used (METHOD)?
			<i>Konañin ke kar kõjerb al wäwein in?</i>
01	<p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p> <p><i>MMJMMIJ AN KORA: Kõrã ro remaron mwijiti jikin niñniñ ko aer ñan b õb rae an b ar wõr ajiri.</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>Have you ever had an operation to avoid having any more children?</p> <p>YES ..... 1</p> <p>NO ..... 2</p>
02	<p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p> <p><i>MMJMMIJ AN EMMAAN: Emmaan ro remaron etal im mwijmwij ñan b õb rae an b ar wõr ajiri.</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>Have you ever had a partner who had an operation to avoid having any more children?</p> <p>YES ..... 1</p> <p>NO ..... 2</p>
03	<p>PILL Women can take a pill everyday to avoid becoming pregnant.</p> <p><i>UNOKO: Kõrã ro remaron idaak uno ko aolep raan nan jib an b õb rae aer b õroro.</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>
04	<p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse.</p> <p><i>IUD: Doctor ak nurse ro remaron kadrelon juon kein jikin niñniñ eo an kõrã eo.</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>
05	<p>INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p> <p><i>VAKO: Kõrã ro remaron etal im b ok wa ko jen imon doctor eo im enaj jib an b õb rae aer b õroro iumin juon ak elon alon ko.</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>
06	<p>IMPLANTS 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.</p> <p><i>IMPLANTS: Doctor ak nurse ro remaron likit 6 rod ak jetmen jidik ko ilo iumin kil in b ein kõrã eo im enaj jib añ b õb rae an b õroro iumin juon ak eloñ lok yio ko.</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>
07	<p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p> <p><i>KUBA: Emmaan ro remaron likit juon rod a ilo ijo ib b eir mokta jen aer ion ak b ab u ib ben juon kõrã.</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>
08	<p>RHYTHM 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.</p> <p><i>CALENDAR: Aolep alloñ, kõrã eo emaron b õb rae an b õroro ilo an jab ion ak b ed ib ben emmaan ilo raan ko emaron b õroro ie.</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>
09	<p>WITHDRAWAL Men can be careful and pull out before climax.</p> <p><i>JOLOK IMMOJ NÄN NABOU: Emmaan ro remaron kejb arok im drwojjen kõrã eo mokta jen an moj.</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>
10	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p> <p><i>Konañin ke ron kin b ar wäwein ko jetim kõrã ak emmaan ro remaron kõjerb al ñan b õb rae an kõrã eo b õroro?</i></p>	<p>YES ..... 1</p> <p>(SPECIFY) _____</p> <p>(SPECIFY) _____</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>YES ..... 1</p> <p>NO ..... 2</p>
303	<p>CHECK 302:</p> <p>NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/></p> <p>AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/></p>		307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in anyway to delay or avoid getting pregnant? <i>Emōj ke am kōjērb al ak kajeon kōjērb al jab rewōt kain wāwein ko nian karumwijlok ak b ōb rae am b ōrōro?</i>	YES ..... 1 NO ..... 2	→ 306
305	ENTER '0' IN THE CALENDAR IN EACH BLANK MONTH.		→ 331
306	What have you used or done? <i>Ia eo kwar kōjērb al ak kōmmane?</i>  CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. <i>Kiō ikōnaan kajitōkin eok kin jinoin am kar kōjērb al ak kōmmane wāwein ko nian b ōb rae am b ōrōro.</i>  How many living children did you have at that time, if any? <i>Elañe ear wōr, jete nejim ajiri im rar mour wōtilo kar tōre eo?</i>  IF NONE, RECORD '00'.	NUMBER OF CHILDREN ..... <input type="text"/> <input type="text"/>	
308	CHECK 302 (01):  WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 320
310	Are you currently doing something or using any method to delay or avoid getting pregnant? <i>Ilo tōre in, ewōr ke wāwein en kwōj kōjērb ale ak kōmmane nian karumwijlok ak b ōb rae am b ōrōro?</i>	YES ..... 1 NO ..... 2	→ 320
311	Which method are you using? <i>Wāwein rōteo kwōj kōjērb ale?</i>  CIRCLE ALL MENTIONED.  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B PILL ..... C INJECTABLES ..... D IMPLANTS ..... E CONDOM ..... F RHYTHM METHOD ..... G WITHDRAWAL ..... H OTHER ..... X (SPECIFY)	→ 314 → 313 → 317A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	How many (pill cycles/condoms) did you get the last time? <i>Jete (uno ko'rob ba) ko kwar b ōki ilo ien eo eliktata in am eb b ōk?</i>	NUMBER OF PILL CYCLES/CONDOMS... <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW ..... 998	
313	The last time you obtained (HIGHEST METHOD ON LIST IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had? <i>Ilo ien eo eliktata in am kar eb b ōk (WAWA IN EO EUTEIJTATA AK LONTATA ILO ELAAJRAK EO ILO 311), jete joñan jāñ eo kwar jolok ak kōllaiki kob alok wōnen jab rewōt kain ba ar melele ko liwoj nian eok?</i>	COST ..... <input type="text"/> <input type="text"/> <input type="text"/> FREE ..... 995 DONT KNOW ..... 998	→ 317A
314	In what facility did the sterilization take place? <i>Jikin ta eo im mwijmwij in ear kōmman ie?</i>  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HEALTH FACILITY IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE  (NAME OF PLACE)	GOVERNMENT MEDICAL FACILITY MAJURO HOSPITAL ..... 11 EBEY E HOSPITAL ..... 12 OUTER ISLAND HEALTH CENTER/DISPENSARY ..... 13 MOBILE CLINIC ..... 14 PRIVATE MEDICAL FACILITY OVERSEAS ..... 31 OTHER ..... 96 (SPECIFY) DONT KNOW ..... 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
315	<p>CHECK 311/311A:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CODE 'A' CIRCLED </p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? <i>Mokta jen am kar mwijiti jikin niñniñ eo am, rar ke jiroñ waj eok ke eb an maroñb ar wör nejim ajiri kin wäwein in?</i></p> </div> <div style="text-align: center;"> <p>CODE 'A' NOT CIRCLED </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? <i>Mokta jen an kar leo b elele/ jeram mwijmwij, ewör ke ear jiroñ lok ke ejamin b ar maroñ wör nejim ajiri kin wäwein in?</i></p> </div> </div>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	
316	<p>How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had? <i>Jete joñan eo kwe (leo b elele/feram) kar kollaik ñan maroñ mwijmwij, kob aklok wönen aolep melele ko liwoj ñan eok (leo b elele/feram)?</i></p>	<p>COST ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span></p> <p>FREE ..... 995</p> <p>DONT KNOW ..... 998</p>	
317	<p>In what month and year was the sterilization performed? <i>Alloñ im yio ta eo mwijmwij in ear kömman ie?</i></p>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
317A	<p>Since what month and year have you been using (CURRENT METHOD) without stopping? <i>Jen alloñ im yio ta in am köjerb al (METHOD EOKWÖJ KOJERBALE KIIO) ilo ejelok b öjrak?</i></p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping? <i>Ewi aetokan am köjerb al (WÄWEIN EOKWÖJ KOJERBAL KO) ilo ejelok b öjrak?</i></p>	<p>MONTH ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span></p> <p>YEAR ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span></p>	
318	<p>CHECK 317/317A, 215 AND 230:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 317/317A</p> <p>GO BACK TO 317/317A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES </p> <p>NO </p>	
319	<p>CHECK 317/317A:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>YEAR IS 2002 OR LATER </p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> </div> <div style="text-align: center;"> <p>YEAR IS 2001 OR EARLIER </p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2002.</p> </div> </div> <p>THEN SKIP TO <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> 329</p>		
320	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years. <i>I könaan b ök ien im kajitök in eok jet kajitök ikijen ien ko kwe ak leo b elele/feram maroñ kar köjerb al juon ian wäwein ko ñan b öb rae am b öro ro ilo yio ko rejjemlok.</i></p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2002.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> <li>* When was the last time you used a method? Which method was that? <i>Naateo eliktata kwar köjerb al juon ian wäwein b öb rae kein? wäwein röte o?</i></li> <li>* When did you start using that method? How long after the birth of (NAME)? <i>Naateo kwar jino köjerb al wäwein in? Ewi to in jen ien lotak eo an (E I EO)?</i></li> <li>* How long did you use the method then? <i>Ewi aetokan am köjerb al wäwein in ien eo?</i></li> </ul>		



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	CHECK 311/311A:	NO CODE CIRCLED ..... 00	331
		FEMALE STERILIZATION ..... 01	324
	CIRCLE METHOD CODE:	MALE STERILIZATION ..... 02	→ 333
		PILL ..... 03	
	IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	INJECTABLES ..... 04	
		IMPLANTS ..... 05	
		CONDOM ..... 06	
		RHYTHM METHOD ..... 07	→ 322A
		WITHDRAWAL ..... 08	→ 333
		OTHER METHOD ..... 96	→ 333
322	Where did you obtain (CURRENT METHOD) when you started using it?	GOVERNMENT MEDICAL FACILITY	
	<i>Ia eo kwar b ðke (METHOD EO) ilo ien eo kwar jino am kôjrbale?</i>	MAJURO HOSPITAL ..... 11	
		EBEY E HOSPITAL ..... 12	
322A	Where did you learn how to use rhythm?	OUTER ISLAND HEALTH CENTER/DISPENSARY ..... 13	
	<i>Ia eo kwar katak kilen kôjrb al rhythm ak calendar?</i>	MOBILE CLINIC ..... 14	
		PRIVATE MEDICAL FACILITY ..... 21	
	IF UNABLE TO DETERMINE IF HEALTH FACILITY IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE	OTHER SOURCE ..... 31	
		SHOP ..... 31	
		HOTEL/MOTEL ..... 32	
		FRIEND/RELATIVE ..... 33	
	(NAME OF PLACE)	OVERSEAS ..... 41	
		(SPECIFY)	
		DONT KNOW ..... 98	
323	CHECK 311/311A:	PILL ..... 03	
	CIRCLE METHOD CODE:	INJECTABLES ..... 04	
		IMPLANTS ..... 05	
	IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	CONDOM ..... 06	→ 330
		RHYTHM METHOD ..... 07	→ 327
324	You obtained (CURRENT METHOD FROM 321) from (SOURCE OF METHOD FROM 314 OR 322) in (DATE FROM 317/317A). At that time, were you told about side effects or problems you might have with the method?	YES ..... 1	→ 326
	<i>Kwar b ðk (CURRENT METHOD JEN 321) jen (JIKINEO JEN 314 OR 322) ilo (RAANEO JEN 317/317A). Ilo ien eo, ewor ke ear jiron eok kin prob lem ko ðok wotjen am naj kôjrb ale?</i>	NO ..... 2	
325	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES ..... 1	
	<i>Ewôr ke ri-jerb al in jikin Ejmour eo ak b amle planning ear jiron eok kin prob lem ko komaroñ ion ilo am kôjrb al wâwein b ðb rae in?</i>	NO ..... 2	→ 327
326	Were you told what to do if you experienced side effects or problems?	YES ..... 1	
	<i>Rar ke jiron waj eok kin ta eo kwôn kômmene elañe kwônaj ion prob lem kein?</i>	NO ..... 2	
327	CHECK 324:		
	CODE '1' CIRCLED 	CODE '1' NOT CIRCLED 	
	At that time, were you told about other methods of family planning that you could use?	When you obtained (CURRENT METHOD FROM 321) from (SOURCE OF METHOD FROM 314 OR 322) were you told about other methods of family planning that you could use?	
	<i>Ilo ðore eo, rar ke jiron waj eok kin wâwein ko jet ñan b amle planning im komaroñ kôjrb al?</i>	<i>Ilo ien eo kwôj b ðk (METHOD JEN 321) jen (JIKINEO JEN 314 OR 322), rar ke jiron waj eok kin wâwein b amle planning ko jet im komaroñ kôjrb al?</i>	
		YES ..... 1	→ 329
		NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
328	Were you ever told by a health or family planning worker about other methods of family planning that you could use? <i>Ewör ke ri-jerb al ilo jikin ejmour eo ak b amle planning eo im ear jiroñ waj eok kin wāwein b amle planning ko jetim komaroñ kar kōjerb ali?</i>	YES ..... 1 NO ..... 2	
329	CHECK 311/311A:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 PILL ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 CONDOM ..... 06 RHYTHM METHOD ..... 07 WITHDRAWAL ..... 08 OTHER METHOD ..... 96	→ 333      → 333
330	Where did you obtain (CURRENT METHOD) the last time? <i>I lo ien eo eliktata in am eb b òk (METHOD EOKWŌJ KOJERBAL KIIŌ), ia eo kwar b òk jene?</i>  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HEALTH FACILITY IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE  (NAME OF PLACE)	GOVERNMENT MEDICAL FACILITY MAJURO HOSPITAL ..... 11 EBEYEHOSPITAL ..... 12 OUTER ISLAND HEALTH CENTER/DISPENSARY ..... 13 MOBILE CLINIC ..... 14 PRIVATE MEDICAL FACILITY ..... 21 OTHER SOURCE SHOP ..... 31 HOTEL/MOTEL ..... 32 FRIEND/RELATIVE ..... 33  OTHER ..... 96 (SPECIFY) DONT KNOW ..... 98	→ 333
331	Do you know of a place where you can obtain a method of family planning? <i>Kwōjela ke ia eo im komaroñ eb b òk kein am b amle planning ak kein b òb rae b òroro?</i>	YES ..... 1 NO ..... 2	→ 333
332	Where is that? <i>Ew i jikin in?</i>  Any other place? <i>Eb ar ke wōr jikin?</i>  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF HEALTH FACILITY IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE  (NAME OF PLACE(S))	GOVERNMENT MEDICAL FACILITY MAJURO HOSPITAL ..... A EBEYEHOSPITAL ..... B OUTER ISLAND HEALTH CENTER/DISPENSARY ..... C MOBILE CLINIC ..... D PRIVATE MEDICAL FACILITY ..... E OTHER SOURCE SHOP ..... F HOTEL/MOTEL ..... G FRIEND/RELATIVE ..... H  OTHER ..... X (SPECIFY) DONT KNOW ..... Z	
333	In the last 12 months, were you visited by a fieldworker who talked to you about family planning? <i>I lo allon ko 12 rejjemlok, ewör ke ri-jerb al ear kenono ib b am kin b amle planning?</i>	YES ..... 1 NO ..... 2	
334	In the last 12 months, have you visited a health facility for care for yourself (or your children)? <i>I lo alloñ ko 12 rejjemlok, konañin ke lolok jikin ejmour eo ñan b òki kak òlk òl ko ñan kejarok eok (ak ro nejim)?</i>	YES ..... 1 NO ..... 2	→ 401
335	Did any staff member at the health facility speak to you about family planning methods? <i>Ewör ke uwaan ri-jerb al ro ilo jikin ejmour eo ear kenono ib b am kin wāwein b amle planning ko?</i>	YES ..... 1 NO ..... 2	

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

401	CHECK 224:	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2002 OR LATER <input type="checkbox"/> </div> <div style="text-align: center;"> NO BIRTHS IN 2002 OR LATER <input type="checkbox"/> </div> </div>	→ 545
402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2002 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS 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.) <i>Kiiō ikōnaan kajitōkin eok kin ejmour eo an aolep ajiri ro nejim im rar lotak iloan yio ko 5 rejjemlok. Kejro naj kenono kin kajojo iaer, juon lok juon.</i>		
403	LINE NUMBER FROM 212	<div style="display: flex; justify-content: space-between;"> <div>LAST BIRTH LINE NO. <input type="text"/></div> <div>NEXT-TO-LAST BIRTH LINE NO. <input type="text"/></div> <div>SECOND-FROM-LAST BIRTH LINE NO. <input type="text"/></div> </div>	
404	FROM 212 AND 216	<div style="display: flex; justify-content: space-between;"> <div>NAME <input type="text"/> LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></div> <div>NAME <input type="text"/> LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></div> <div>NAME <input type="text"/> LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></div> </div>	
405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all? <i>I lo tōre eo kwar bōroro kin (ETEO) kwar kōnaan bōroro ke, kwar kōnaan kar kōttar ñan tokelik ke, kwar jab bar kōnaan b we en wōr ajiri?</i>	<div style="display: flex; justify-content: space-between;"> <div> THEN ..... 1 (SKIP TO 407) ← LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO 407) ← </div> <div> THEN ..... 1 (SKIP TO 426) ← LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO 426) ← </div> <div> THEN ..... 1 (SKIP TO 426) ← LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO 426) ← </div> </div>	
406	How much longer would you have liked to wait? <i>Ewi joñan aebkan am kōnaan kar kōttar?</i>	<div style="display: flex; justify-content: space-between;"> <div> MONTHS ..1 <input type="text"/> YEARS ..2 <input type="text"/> DONT KNOW ... 998 </div> <div> MONTHS ..1 <input type="text"/> YEARS ..2 <input type="text"/> DONT KNOW ... 998 </div> <div> MONTHS ..1 <input type="text"/> YEARS ..2 <input type="text"/> DONT KNOW ... 998 </div> </div>	
407	Did you see anyone for prenatal care for this pregnancy? <i>Ewōr ke en kwar lolok ñan doctor in k_rae?</i>  IF YES: Whom did you see? Anyone else? <i>Wōn eo kwar lolok? Eb ar ke wōr?</i>  PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE ..... B HEALTH ASSIST/ PERSONNEL ..... C  OTHER PERSON TRADITIONAL BIRTH ATTENDANT ..... D LOCAL HEALER ..... E  OTHER ..... X (SPECIFY) NO ONE ..... Y (SKIP TO 414) ←	

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME		NAME		NAME	
408	Where did you receive prenatal care for this pregnancy? <i>Ia eo kwar doctor in k_ rae ie ilo ien b öroro in?</i>  Anywhere else? <i>Ebar ke wör?</i>  PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF FACILITY IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE  (NAME OF PLACE(S))	HOME YOUR HOME ... A OTHER HOME ... B  GOV'T MEDICAL FACILITY MAJURO HOSPITAL... C EBEY E HOSPITAL ... D OUTER ISLAND HEALTH CENTER/ DISPENSARY ... E  PRIVATE MEDICAL FACILITY ..... F  OTHER ..... X (SPECIFY)					
409	How many months pregnant were you when you first received prenatal care for this pregnancy? <i>Jete am alloñ ke kwar jino doctor in k_ rae ilo ien b öroro in?</i>	MONTHS ... <input type="text"/> <input type="text"/> DONT KNOW ..... 98					
410	How many times did you receive prenatal care during this pregnancy? <i>Jete allen am doctor in k_ rae ilo kar ien b öroro in?</i>	NUMBER OF TIMES . <input type="text"/> <input type="text"/> DONT KNOW ..... 98					
411	As part of your prenatal care during this pregnancy, were any of the following done at least once? <i>Einwöt möttan wöt doctor in k_ rae, ilo ien b öroro in, rar ke kömmame men kein rejel äj rak ijin ilal ñan eok juon ak eloñ lok katön?</i>  Were you weighed? <i>Bök joñan eddro eo am?</i> Was your blood pressure measured? <i>Joñe blood pressure eo am?</i> Did you give a urine sample? <i>Elelok sample in keb ojak?</i> Did you give a blood sample? <i>Elelok sample in b ötkök?</i>	YES NO WEIGHT ... 1 2 BP ..... 1 2 URINE ..... 1 2 BLOOD ... 1 2					
412	During (any of) your prenatal care visit(s), were you told about the signs of pregnancy complications? <i>Ilo juon ak jab rewöt ian ien doctor in k_ rae ko am, rar ke jiroñ waj eok kin kakölle in prob lem ko ilo ien b öroro?</i>	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DONT KNOW ..... 8					

		LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
NO.	QUESTIONS AND FILTERS	NAME		NAME		NAME	
413	Were you told where to go if you had any of these complications? <i>Rar ke jiroñ wajeok kin ja eo komaroñ etal hane elañe kwōj ion problem kein ilo am b ōroro?</i>	YES .....	1				
		NO .....	2				
		DONT KNOW .....	8				
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? <i>I lo kar ien b ōroro in am, rar ke jiroñ wajeok kin juon wa eo im lewaj ilo b eim im enaj jib añ b ob rae an niñniñ eo b ōk nañinmej in tetanus ak du elkin an lotak?</i>	YES .....	1				
		NO .....	2				
		(SKIP TO 417) ←					
		DONT KNOW .....	8				
415	During this pregnancy, how many times did you get this tetanus injection? <i>I lo ien b ōroro in am, jete allen am kar b ōk wa in tetanus in?</i>	TIMES .....	<input type="text"/>				
		DONT KNOW ...	8				
416	CHECK 415:	2 OR MORE TIMES 	OTHER 				
		(SKIP TO 421)					
417	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby? <i>I lo jab rewōtien mokta jen kar ien b ōroro in am, ewōr ke wā in tetanus en kwar b ōke ñan ke jparok eok ak juon b ar nejim ajiri?</i>	YES .....	1				
		NO .....	2				
		(SKIP TO 421) ←					
		DONT KNOW .....	8				
418	Before this pregnancy, how many other times did you receive a tetanus injection? <i>Moktalok jen ien b ōroro in, jete allen am kar b ar b ōk wā in tetanus?</i>  IF 7 OR MORE TIMES, RECORD '7'.	TIMES .....	<input type="text"/>				
		DONT KNOW ...	8				
419	In what month and year did you receive the last tetanus injection before this pregnancy? <i>Alloñ im yio ta eo kwar b ōk wā in tetanus eo am eliktata mokta jen kar am kar b ōroro kiiō?</i>	MONTH ...	<input type="text"/>				
		DK MONTH .....	98				
		YEAR	<input type="text"/>				
		(SKIP TO 421) ←					
		DK YEAR .....	9998				
420	How many years ago did you receive that tetanus injection? <i>Jete yio emotlok ke kwar b ōk wā in tetanus eo?</i>	YEARS AGO .....	<input type="text"/>				

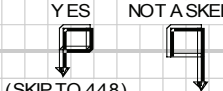


NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME		NAME		NAME	
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? <i>Ilo ien b öroro in, rar ke lewaj ak kwar ke wia uno in iron ko ak iron syrup ko?</i> SHOW TABLETS/SYRUP.	YES ..... 1					
		NO ..... 2					
		(SKIP TO 423) ←					
		DONT KNOW ..... 8					
422	During the whole pregnancy, for how many days did you take the tablets or syrup? <i>Ilo aolepen töre in b öroro eo, jete raan in am kar b ök uno kein?</i> IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS .					
		DONT KNOW ... 998					
423	During this pregnancy, did you take any drug for intestinal worms? <i>Ilo töre in b öroro in, ewör ke uno in maj en kwar idaak?</i>	YES ..... 1					
		NO ..... 2					
		DONT KNOW ..... 8					
424	During this pregnancy, did you have difficulty with your vision during daylight? <i>Ilo ien b öroro in am, epin ke am lolokjen ak reitök reitak ilo raan?</i>	YES ..... 1					
		NO ..... 2					
		DONT KNOW ..... 8					
425	During this pregnancy, did you suffer from night blindness [BILONBON]? <i>Ilo ien b öroro in, kwar ke bilo in b on?</i>	YES ..... 1					
		NO ..... 2					
		DONT KNOW ..... 8					
426	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small? <i>Ilo ien eo (ETEO) ej lotak, ear: lukkun kilep ke, eb we an kilep ke, emmön joñan ke, ew_ddik ke, ellukkun kar w_ddik?</i>	VERY LARGE ..... 1		VERY LARGE ..... 1		VERY LARGE ..... 1	
		LARGER THAN		LARGER THAN		LARGER THAN	
		AVERAGE ..... 2		AVERAGE ..... 2		AVERAGE ..... 2	
		AVERAGE ..... 3		AVERAGE ..... 3		AVERAGE ..... 3	
		SMALLER THAN		SMALLER THAN		SMALLER THAN	
		AVERAGE ..... 4		AVERAGE ..... 4		AVERAGE ..... 4	
		VERY SMALL ..... 5		VERY SMALL ..... 5		VERY SMALL ..... 5	
		DONT KNOW ..... 8		DONT KNOW ..... 8		DONT KNOW ..... 8	
427	Was (NAME) weighed at birth? (ETEO) ear ke boun elkin an lotak?	YES ..... 1		YES ..... 1		YES ..... 1	
		NO ..... 2		NO ..... 2		NO ..... 2	
		(SKIP TO 429) ←		(SKIP TO 429) ←		(SKIP TO 429) ←	
		DONT KNOW ..... 8		DONT KNOW ..... 8		DONT KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME		NAME		NAME	
428	How much did (NAME) weigh? <i>Ewi joñan eddro eo an (ETEO)?</i>	LBS. FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/>		LBS. FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/>		LBS. FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/>	
	RECORD WEIGHT IN POUNDS & OUNCES FROM HEALTH CARD, IF AVAILABLE.	OZ. FROM CARD <input type="text"/> . <input type="text"/>		OZ. FROM CARD <input type="text"/> . <input type="text"/>		OZ. FROM CARD <input type="text"/> . <input type="text"/>	
		LBS. FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/>		LBS. FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/>		LBS. FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/>	
		OZ. FROM RECALL <input type="text"/> . <input type="text"/>		OZ. FROM RECALL <input type="text"/> . <input type="text"/>		OZ. FROM RECALL <input type="text"/> . <input type="text"/>	
		DONT KNOW 999.89.8		DONT KNOW 999.89.8		DONT KNOW 999.89.8	
429	Who assisted with the delivery of (NAME)? <i>Wön eo ear jib añ keotake (ETEO)?</i>	HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE B HEALTH ASSIST/ PERSONNEL . C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . D LOCAL HEALER E F OTHER (SPECIFY) X NO ONE ..... Y		HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE B HEALTH ASSIST/ PERSONNEL . C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . D LOCAL HEALER E F OTHER (SPECIFY) X NO ONE ..... Y		HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE B HEALTH ASSIST/ PERSONNEL . C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . D LOCAL HEALER E F OTHER (SPECIFY) X NO ONE ..... Y	
	Anyone else? <i>Ebar ke wör?</i>						
	PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.						
	IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.						
430	Where did you give birth to (NAME)? <i>Ia eo im kwar keotake (ETEO) ie?</i>	HOME YOUR HOME ... 11 (SKIP TO 437) ← OTHER HOME ... 12		HOME YOUR HOME ... 11 (SKIP TO 437) ← OTHER HOME ... 12		HOME YOUR HOME ... 11 (SKIP TO 437) ← OTHER HOME ... 12	
	PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).	GOV'T MEDICAL FACILITY MAJURO HOSPITAL.. 21 EBEY E HOSPITAL 22 OUTER ISLAND HEALTH CENTER/ DISPENSARY 23 PRIVATE MEDICAL FACILITY ..... 31 OTHER 96 (SPECIFY) ← (SKIP TO 437) ←		GOV'T MEDICAL FACILITY MAJURO HOSPITAL.. 21 EBEY E HOSPITAL 22 OUTER ISLAND HEALTH CENTER/ DISPENSARY 23 PRIVATE MEDICAL FACILITY ..... 31 OTHER 96 (SPECIFY) ← (SKIP TO 438) ←		GOV'T MEDICAL FACILITY MAJURO HOSPITAL.. 21 EBEY E HOSPITAL 22 OUTER ISLAND HEALTH CENTER/ DISPENSARY 23 PRIVATE MEDICAL FACILITY ..... 31 OTHER 96 (SPECIFY) ← (SKIP TO 438) ←	
	IF UNABLE TO DETERMINE IF FACILITY IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE						
	(NAME OF PLACE(S))						
431	How long after (NAME) was delivered did you stay there? <i>Ewi aetokan jen ien keotak eo an (ETEO) in amiro bed ijin?</i>	HOURS 1 <input type="text"/> <input type="text"/>		HOURS 1 <input type="text"/> <input type="text"/>		HOURS 1 <input type="text"/> <input type="text"/>	
		DAYS 2 <input type="text"/> <input type="text"/>		DAYS 2 <input type="text"/> <input type="text"/>		DAYS 2 <input type="text"/> <input type="text"/>	
		WEEKS 3 <input type="text"/> <input type="text"/>		WEEKS 3 <input type="text"/> <input type="text"/>		WEEKS 3 <input type="text"/> <input type="text"/>	
	IF LESS THAN ONE DAY, RECORD HOURS.						
	IF LESS THAN ONE WEEK, RECORD DAYS.	DONT KNOW . 998		DONT KNOW ... 998		DONT KNOW ... 998	

		LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH		
NO.	QUESTIONS AND FILTERS	NAME		NAME		NAME		
432	Was (NAME) delivered by caesarean section? <i>Rar ke mwijiti lojem im kwalok (ETEO)?</i>	YES .....	1	YES .....	1	YES .....	1	
		NO .....	2	NO .....	2	NO .....	2	
433	Before you were discharged after (NAME) was born, did any health care provider check on your health? <i>Mbka jen am kar driwöj elkin am kar keotake (ETEO), ewör ke ri-jerb al in jikin ejmour eo ear jääk ak kakölköle ejmour eo am?</i>	YES .....	1	YES .....	1	YES .....	1	
		NO .....	2	(SKIP TO 450)	2	(SKIP TO 450)	2	
			(SKIP TO 436)	NO .....	2	NO .....	2	
434	How long after delivery did the first check take place? <i>Ewi aetokan köttan ien keotak eo am im ien jääk ak kakölköl eo am kein kajuon?</i>	HOURS 1						
		DAYS 2						
		WEEKS 3						
	IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	DONT KNOW ...	998					
435	Who checked on your health at that time? <i>Wön eo ear jääk ak kakölköl eok ilo töre eo?</i>	HEALTH PERSONNEL						
		DOCTOR .....						11
		NURSE/MIDWIFE ..						12
		HEALTH ASSIST/ PERSONNEL .....						13
	PROBE FOR MOST QUALIFIED PERSON.	OTHER PERSON						
		TRADITIONAL BIRTH ATTENDANT .....						21
		LOCAL HEALER ..						22
		OTHER .....		96				
		(SPECIFY)						
		(SKIP TO 448)						
436	After you were discharged, did any health care provider or a traditional birth attendant check on your health? <i>Elkin am kar driwöj, ewör ke ri-jerb al in jikin ejmour eo ak ri-uno in manit kein ad ear jääk ak lale ej et am bed?</i>	YES .....	1	YES .....	1	YES .....	1	
		(SKIP TO 439)	2	(SKIP TO 450)	2	(SKIP TO 450)	2	
		NO .....	2	NO .....	2	NO .....	2	
		(SKIP TO 448)						

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
437	<p>Why didn't you deliver in a health facility?  <i>Eb ajet ke kwar jab keotak ilo imon doctor?</i></p> <p>PROBE: Any other reason?  <i>Ebar ke wor un ko?</i></p> <p>RECORD ALL MENTIONED.</p>	<p>COST TOO MUCH. A</p> <p>FACILITY NOT OPEN. B</p> <p>TOO FAR/NO TRANSPORTATION. C</p> <p>DON'T TRUST</p> <p>FACILITY/POOR QUALITY SERVICE. D</p> <p>NO FEMALE PROVIDER AT FACILITY. E</p> <p>HUSBAND/FAMILY DID NOT ALLOW. F</p> <p>NOT NECESSARY. G</p> <p>NOT CUSTOMARY. H</p> <p>OTHER (SPECIFY) X</p>		
438	<p>After (NAME) was born, did any health care provider or a traditional birth attendant check on your health?  <i>Elkin an (ETEO) lotak, ewor ke ri-jerb al in jikin ejmour eo ak ri-uno ro ilo manit kein ad rar jaak im lale ej etam bed?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 442)</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>
439	<p>How long after delivery did the first check take place?  <i>E-wi aetokan kottan ien keotak eo am im ien jaak ak kakolkol eo am kein kajuon?</i></p> <p>IF LESS THAN ONE DAY, RECORD HOURS.</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW ... 998</p>		
440	<p>Who checked on your health at that time?  <i>Won eo ear jaak e am bed ilo tore eo?</i></p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR ..... 11</p> <p>NURSE/MIDWIFE... 12</p> <p>HEALTH ASST/PERSONNEL... 13</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT... 21</p> <p>LOCAL HEALER... 22</p> <p>OTHER 96</p> <p>(SPECIFY)</p>		
441	<p>Where did this first check take place?  <i>Ia eo jaak in jinoin tata ear komman ie?</i></p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>YOUR HOME ... 11</p> <p>OTHER HOME ... 12</p> <p>GOV'T MEDICAL FACILITY MAJURO HOSPITAL... 21</p> <p>EBEY E HOSPITAL... 22</p> <p>OUTER ISLAND HEALTH CENTER/ DISPENSARY ... 23</p> <p>PRIVATE MEDICAL FACILITY ..... 31</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 443)</p>		

		LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
NO.	QUESTIONS AND FILTERS	NAME		NAME		NAME	
442	Why didn't you seek help from Government Health Services after giving birth at home? <i>Eb ajet ke kwar jab kab bok jib añ ilo jikin ejmour eo an Kien eo elkin am kar keotak imweo môm?</i> PROBE: Any other reason? <i>Eb ar wôr ke un ko?</i> RECORD ALL MENTIONED.	COST TOO MUCH. A FACILITY NOT OPEN. B TOO FAR/NO TRANSPORTATION C DONT TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVIDER AT FACILITY .. E HUSBAND/FAMILY DID NOT ALLOW .. F NOT NECESSARY .. G NOT CUSTOMARY .. H OTHER (SPECIFY) X					
443	CHECK 436:	YES NOT ASKED  (SKIP TO 448)					
444	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health? <i>I loan alloñ ko ruo elkin an (ETEO) lotak, ewôr ke ri-jerb al jen jikin ejmour eo ak ri-uno ilo manit ko ad ear jâak e an bed?</i>	YES ..... 1 NO ..... 2 (SKIP TO 448) DONT KNOW ..... 8					
445	How many hours, days or weeks after the birth of (NAME) did the first check take place? <i>Jete awa ak raan ak week kôtaan ien eo (ETEO) kar lotak im ien jâak ak kakôlkôl eo an kein kajuon?</i> IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. IF MORE THAN 2 MONTHS PROBE AND CORRECT Q.444.	HRS AFTER BIRTH .. 1 DAYS AFTER BIRTH .. 2 WKS AFTER BIRTH .. 3 DONT KNOW ... 998					
446	Who checked on (NAME)'s health at that time? <i>Wôn eo ear jâake (ETEO) ilo ien eo?</i> PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR ..... 11 NURSE/MIDWIFE.. 12 HEALTH ASSIST/ PERSONNEL... 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT.. 21 LOCAL HEALER.. 22 OTHER 96 (SPECIFY)					

		LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
NO.	QUESTIONS AND FILTERS	NAME		NAME		NAME	
447	Where did this first check of (NAME) take place? <i>Ia eo im kakōkōl in an (ET EO) kein kajuon ear kōmman ie?</i>	HOME					
		YOUR HOME ...	11				
		OTHER HOME ...	12				
		GOV'T MEDICAL FACILITY					
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	MAJURO HOSPITAL...	21				
		EBEYE HOSPITAL...	22				
		OUTER ISLAND HEALTH CENTER/					
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH	DISPENSARY ...	23				
	CENTER, OR CLINIC IS PUBLIC OR PRIVATE	PRIVATE MEDICAL FACILITY .....	31				
	MEDICAL, WRITE THE NAME OF THE PLACE.	OTHER	96				
		(SPECIFY)					
	(NAME OF PLACE)						
448	In the first two months after delivery, did you receive a vitamin Adose (like this/any of these)? <i>I loan alloñ ko ruo elkin am keotak, ewōr ke Vitamin A uno (jekjek rolin) kwar idaak?</i>	YES .....	1				
		NO .....	2				
		DON'T KNOW .....	8				
	SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.						
449	Has your menstrual period returned since the birth of (NAME)? <i>Konañin ke barjino mejen alloñ elkin an (ETEO) lotak?</i>	YES .....	1				
		(SKIP TO 451) ←					
		NO .....	2				
		(SKIP TO 452) ←					
450	Did your period return between the birth of (NAME) and your next pregnancy? <i>Ear ke barjino am mejen alloñ kōtaan ien lotak eo an (ETEO) im bōrōro eo am tokjuon?</i>			YES .....	1	YES .....	1
				NO .....	2	NO .....	2
				(SKIP TO 454) ←		(SKIP TO 454) ←	
451	For how many months after the birth of (NAME) did you not have a period? <i>Jete alloñ elkin an lotak (ETEO) in am jab mejen alloñ?</i>	MONTHS ...		MONTHS ...		MONTHS ...	
		DONT KNOW .....	98	DONT KNOW .....	98	DONT KNOW .....	98
452	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG-NANT		PREGNANT OR UNSURE			
		(SKIP TO 454) ←					
453	Have you begun to have sexual intercourse again since the birth of (NAME)? <i>Konañin ke barjino bedibben armejak mour in belelejen ke (ETEO) ear lotak?</i>	YES .....	1				
		NO .....	2				
		(SKIP TO 455) ←					

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
454	For how many months after the birth of (NAME) did you not have sexual intercourse? <i>Jete alloŋ elkin an (ET EO)</i> <i>lotak in am jab kar ion arnej</i> <i>ak mour in belele?</i>	MONTHS ... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
455	Did you ever breastfeed (NAME)? <i>Konaŋin ke kar kaninnini (ET EO)?</i>	YES ..... 1 NO ..... 2 (SKIP TO 462) ←	YES ..... 1 NO ..... 2 (SKIP TO 462) ←	YES ..... 1 NO ..... 2 (SKIP TO 462) ←
456	How long after birth did you first put (NAME) to the breast? <i>Ewi toan jen ien lotak eo im</i> <i>kwariŋo am kaninnin (ET EO)</i> <i>ilo itum?</i> IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000  HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
457	In the first three days after delivery, was (NAME) given anything to drink other than breast milk? <i>Ilo raan ko jilu elkin an lotak,</i> <i>rar ke lelok milk ak dren</i> <i>ko jet ejelokin milk in itt_t ŋan</i> <i>(ET EO)?</i>	YES ..... 1 NO ..... 2 (SKIP TO 459) ←		
458	What was (NAME) given to drink? <i>Dren rōt eo (ET EO) ear idaak?</i>  Anything else? <i>Ebar ke wōr?</i>  RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER .... B SUGAR OR GLUCOSE WATER ... C GRUPE WATER .... D SUGAR-SALT-WATER SOLUTION ..... E FRUIT JUICE ..... F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY ..... I  OTHER _____ X (SPECIFY)		
459	CHECK 404:  IS CHILD LIVING?	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 461) ←		
460	Are you still breastfeeding (NAME)? <i>Kwōj kaninnin wōt ke (ET EO)</i> <i>itt_m?</i>	YES ..... 1 (SKIP TO 463) ← NO ..... 2		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
461	For how many months did you breastfeed (NAME)? <i>Jete alloŋ in am kar kaninnini (ETEO) itt_m?</i>	MONTHS ... <input type="text"/> <input type="text"/>  DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/>  STILL BF ..... 95 DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/>  STILL BF ..... 95 DON'T KNOW ... 98
462	CHECK 404:  IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 465)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 465)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 465)
463	How many times did you breastfeed last night between sunset and sunrise? <i>Jete allen am kar kaninin ibbam jota, kōtaan tulokun al im takin al?</i> IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>		
464	How many times did you breastfeed yesterday during the daylight hours? <i>Jete allen am kar kaninnini ibbam inne ke ej emeramram wōt?</i> IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/>		
465	Did (NAME) drink anything from a bottle with a nipple yesterday or last night? <i>(ETEO) ear ke idaak jabrewōt jen bato eo ewōr boran ilo raan eo inne ak jotenin inne?</i>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
466		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.



SECTION 5. CHILD IMMUNIZATION AND HEALTH AND CHILD'S AND WOMAN'S NUTRITION											
501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2002 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF AN ADDITIONAL QUESTIONNAIRE).										
502	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER		NEXT-TO-LAST BIRTH LINE NUMBER		SECOND-FROM-LAST BIRTH LINE NUMBER					
503	FROM 212 AND 216	NAME  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 542)		NAME  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 542)		NAME  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 542)					
504	Do you have a yellow card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN ..... 1 (SKIP TO 506) ← YES, NOT SEEN ..... 2 (SKIP TO 508) ← NO CARD ..... 3		YES, SEEN ..... 1 (SKIP TO 506) ← YES, NOT SEEN ..... 2 (SKIP TO 508) ← NO CARD ..... 3		YES, SEEN ..... 1 (SKIP TO 506) ← YES, NOT SEEN ..... 2 (SKIP TO 508) ← NO CARD ..... 3					
505	Did you ever have a vaccination card for (NAME)?	YES ..... 1 (SKIP TO 508) ← NO ..... 2		YES ..... 1 (SKIP TO 508) ← NO ..... 2		YES ..... 1 (SKIP TO 508) ← NO ..... 2					
506	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.										
		LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH			
		DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	
	BOG 1				BOG 1				BOG 1		
	AT BIRTH				BOG 2				BOG 2		
	BOG 2				MMR1				MMR1		
	AT 6 MOS.				MMR2				MMR2		
	MMR 1				P1				P1		
	MMR 2				P2				P2		
	POLIO 1				P3				P3		
	POLIO 2				P4				P4		
	POLIO 3				DPT1				DPT1		
	POLIO 4				DPT2				DPT2		
	DPT 1				DPT3				DPT3		
	DPT 2				DPT4				DPT4		
	DPT 3				DPT5				DPT5		
	DPT 4				HIB1				HIB1		
	DPT 5				HIB2				HIB2		
	HIB 1				HIB3				HIB3		
	HIB 2				HEP B1				HEP B1		
	HIB 3				HEP B2				HEP B2		
	HEP B1				HEP B3				HEP B3		
	HEP B2										
	HEP B3										
506A	CHECK 506:	BOG TO HEP B3 ALL RECORDED		OTHER	BOG TO HEP B3 ALL RECORDED		OTHER	BOG TO HEP B3 ALL RECORDED		OTHER	
		<input type="checkbox"/> (GO TO 508)		<input type="checkbox"/>	<input type="checkbox"/> (GO TO 508)		<input type="checkbox"/>	<input type="checkbox"/> (GO TO 508)		<input type="checkbox"/>	

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
507	<p>Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a measles elimination campaign? (ETEO) enaŋin ke b ōk wa ak rar jab je ak likiti ilo card in? Bareinwōt wa ko emaroŋ kar b ōk ilo kadrelel ko ikijen wā?</p> <p>RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG 1-2,, MMR 1-2, POLIO 1-4, DPT 1-5, Hib 1-3, Hep B1-B3.</p>	<p>YES ..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	<p>YES ..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	<p>YES ..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>
508	<p>Did (NAME) receive a vitamin A dose within the last six months? (ETEO) ear ke eb b ōk unokan Vitamin A ilo week ko 6 rej jemlok?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>
509	<p>In the last seven days, did (NAME) take iron pills, sprinkles with iron, or iron syrup (like this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS. Ilo raan ko 7 rej jemlok, (ETEO) ear ke eb b ōk iron pill ak syrup einwōt kein walok ijin?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>
510	<p>Has (NAME) taken any drug for intestinal worms in the last six months? (ETEO) ear ke idaak unokan maj ko ilo loje ilo alloŋ ko 6 rej jemlok?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>
511	<p>Has (NAME) had diarrhea in the last 2 weeks? (ETEO) enaŋin ke b iro ro ak ilok lojen ilo week ko ruo rej jemlok?</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 524)</p> <p>DONT KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 524)</p> <p>DONT KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 524)</p> <p>DONT KNOW ..... 8</p>
512	<p>Was there any blood in the stools? Ear ke wōr mōttan b ōtōtōk ilo keb ojak ak b widrej ko an?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>

NO.	QUESTIONS AND FILTERS	LA ST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME	NAME	NAME
513	<p>Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk).</p> <p>Was he/she given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p> <p><i>Kiio jej tin lale joñan dren eo lelok limen (ETEO) ilo ien eo ear ilok lojen ak b iroro (eb ar kob a milk in ittut).</i></p> <p><i>Kwar lelok eddiklok jen joñan eo ekkā am kijoñ lelok limen ke, ejja joñan eo ekkā am lelok limen ke, elaplok jen joñan eo ekkā am kijoñ lelok limen?</i></p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE ..... 4</p> <p>NOTHING TO DRINK 5</p> <p>DONT KNOW ..... 8</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE ..... 4</p> <p>NOTHING TO DRINK 5</p> <p>DONT KNOW ..... 8</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE ..... 4</p> <p>NOTHING TO DRINK 5</p> <p>DONT KNOW ..... 8</p>
514	<p>When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p> <p><i>Ilo ien eo (ETEO) ear ilok lojen ak b iroro, ewi joñan kar lelok kijen: eddiklok jen joñan eo ekkā am kijoñ naajdiki ke, ejja joñan eo ekkā am kijoñ naajdiki ke, elaplok jen joñan eo ekkā am kijoñ naajdiki ke, ejelok moña en lelok nañe?</i></p> <p><i>ELANE EDDIKLOK, E TALE: Elap an dik jen joñan eo ekkā am naajdiki ke, eb we an dik?</i></p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE ..... 4</p> <p>STOPPED FOOD . 5</p> <p>NEVER GAVE FOOD 6</p> <p>DONT KNOW ..... 8</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE ..... 4</p> <p>STOPPED FOOD . 5</p> <p>NEVER GAVE FOOD 6</p> <p>DONT KNOW ..... 8</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE ..... 4</p> <p>STOPPED FOOD . 5</p> <p>NEVER GAVE FOOD 6</p> <p>DONT KNOW ..... 8</p>
515	<p>Did you seek advice or treatment for the diarrhea from any source?</p> <p><i>Ewör ke jikin en kwar kab b ok jib añ ak unokan b iroro ie?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 520) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 520) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 520) ←</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
516	Where did you seek advice or treatment? <i>Ia eo kwar kab b ok jib añ ak uno ie?</i> Anywhere else? <i>Eb ar ke wör jikin?</i>  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF HEALTH FACILITY IS PUBLIC OR PRIVATE MEDICAL  WRITE THE NAME OF THE PLACE  (NAME OF PLACE(S))	GOVT MEDICAL FACILITY MAJURO HOSPITAL... A EBWEY HOSPITAL... B OUTER ISLAND HEALTH CENTER DISPENSARY... C MOBILE CLINIC... D  PRIVATE MEDICAL FACILITY ..... E  OTHER SOURCE SHOP ..... F LOCAL HEALER... G  OTHER ..... X (SPECIFY)	GOVT MEDICAL FACILITY MAJURO HOSPITAL... A EBWEY HOSPITAL... B OUTER ISLAND HEALTH CENTER DISPENSARY... C MOBILE CLINIC... D  PRIVATE MEDICAL FACILITY ..... E  OTHER SOURCE SHOP ..... F LOCAL HEALER... G  OTHER ..... X (SPECIFY)	GOVT MEDICAL FACILITY MAJURO HOSPITAL... A EBWEY HOSPITAL... B OUTER ISLAND HEALTH CENTER DISPENSARY... C MOBILE CLINIC... D  PRIVATE MEDICAL FACILITY ..... E  OTHER SOURCE SHOP ..... F LOCAL HEALER... G  OTHER ..... X (SPECIFY)
517	CHECK 516:	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 519)	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 519)	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 519)
518	Where did you first seek advice or treatment? <i>Ia eo kwar kab b ok jib añ ak uno ie mokatata?</i>  USE LETTER CODE FROM 516.	FIRST PLACE ...	FIRST PLACE ...	FIRST PLACE ...
519	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? <i>Elkin jete raan jen ien eo ear jino b iro ro lojen im kwōj kab kab b ok jib añ ak uno ñan</i> (ET EO)? IF THE SAME DAY, RECORD '00'.	DAYS ....	DAYS ....	DAYS ....
520	Does (NAME) still have diarrhea? (ET EO) <i>ej b iro ro ak ilok wōt ke lojen?</i>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH		
		NAME _____			NAME _____			NAME _____		
521	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhea:  <i>Ewör ke ian dren ak uno kein eläjä rak jin ilal kar lelok ñan ajiri eo ilo töre eo ear jino an ilok lojen ak biro:</i></p> <p>a) A fluid made from a special packet called ORS or Oral Rehydration Salt?  <i>Uno b outa ilo package im kwöj iioke ib b en dren ñan jib añ b öb rae an mörä enb winin (ORS)?</i></p> <p>b) Apre-packaged ORS liquid?  <i>Uno dren eo im edredrelok iioke ñan b öb rae an mörä enb winin (einwöt electro-lite, ORS)?</i></p> <p>c) A government-recommended homemade fluid?  <i>Iök ko im letok jen Kien eo im komaroñ kömmane imweo im ej jib añ b öb rae an mörä enb winin?</i></p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT .. 1 2 8</p> <p>ORS LQD.. 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT .. 1 2 8</p> <p>ORS LQD.. 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT .. 1 2 8</p> <p>ORS LQD.. 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>						
522	<p>Was anything (else) given to treat the diarrhea?  <i>Eb ar ke wör jab rewöt men lelok ñan jib añ kemouri jen an biro?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 524) ←</p> <p>DONT KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 524) ←</p> <p>DONT KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 524) ←</p> <p>DONT KNOW ..... 8</p>						
523	<p>What (else) was given to treat the diarrhea?  <i>Ta ko jet kar lelok ñan jib añ kemouri jen an biro?</i></p> <p>Anything else?  <i>Eb ar ke wör?</i></p> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p>PILL ORSYRUP</p> <p>ANTIBIOTIC ..... A</p> <p>ANTIMOTILITY . B</p> <p>OTHER (NOT ANTI-BIOTIC OR ANTI-MOTILITY) ..... C</p> <p>UNKNOWN PILL ORSYRUP ... D</p> <p>INJECTION</p> <p>ANTIBIOTIC ..... E</p> <p>NON-ANTIBIOTIC . F</p> <p>UNKNOWN INJECTION ... G</p> <p>(IV) INTRAVENOUS . H</p> <p>HOME REMEDY / HERBAL MEDICINE ..... I</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	<p>PILL ORSYRUP</p> <p>ANTIBIOTIC ..... A</p> <p>ANTIMOTILITY . B</p> <p>OTHER (NOT ANTI-BIOTIC OR ANTI-MOTILITY) ..... C</p> <p>UNKNOWN PILL ORSYRUP ... D</p> <p>INJECTION</p> <p>ANTIBIOTIC ..... E</p> <p>NON-ANTIBIOTIC . F</p> <p>UNKNOWN INJECTION ... G</p> <p>(IV) INTRAVENOUS . H</p> <p>HOME REMEDY / HERBAL MEDICINE ..... I</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	<p>PILL ORSYRUP</p> <p>ANTIBIOTIC ..... A</p> <p>ANTIMOTILITY . B</p> <p>OTHER (NOT ANTI-BIOTIC OR ANTI-MOTILITY) ..... C</p> <p>UNKNOWN PILL ORSYRUP ... D</p> <p>INJECTION</p> <p>ANTIBIOTIC ..... E</p> <p>NON-ANTIBIOTIC . F</p> <p>UNKNOWN INJECTION ... G</p> <p>(IV) INTRAVENOUS . H</p> <p>HOME REMEDY / HERBAL MEDICINE ..... I</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>						
524	<p>Has (NAME) been ill with a fever at any time in the last 2 weeks?  <i>(ETEO) ear ke nañin mej kin fever ilo jab rewöt ien ilon week ko ruo rej jem lok?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>						

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
525	Has (NAME) had an illness with a cough at anytime in the last 2 weeks? (ETEO) ear ke nañinmej in pokpok ilo jab rewōtien iloan week ko ruo rejjemlok?	YES ..... 1 NO ..... 2 (SKIP TO 528) ← DONT KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 528) ← DONT KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 528) ← DONT KNOW ..... 8
526	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing? Ilo ien an (ETEO) ear b ōk nañinmej in pokpok, emakikijj im kadu jetñak in an menono ke, e b on an menono ke?	YES ..... 1 NO ..... 2 (SKIP TO 529) ← DONT KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 529) ← DONT KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 529) ← DONT KNOW ..... 8
527	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose? Ilo an emakikijj im kadu jetñak in an menono, ej itok jen problem in ob ke jen an b on im tor botin?	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) _____ DONT KNOW ..... 8 (SKIP TO 529) ←	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) _____ DONT KNOW ..... 8 (SKIP TO 529) ←	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) _____ DONT KNOW ..... 8 (SKIP TO 529) ←
528	CHECK 524:  HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 542)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 542)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 542)
529	Now I would like to know how much (NAME) was given to drink (including breastmilk) when (NAME) has a (fever / cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink?  IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?  <i>Kiiō, ilo ien eo (ETEO) ej nañinmej (tever/pokpok), ewi joñan am lelok limen dren (kob alok dren in ituteo)? Eddiklok jen joñan eo ekkā am kijoñ lelok ke, ejja joñan eo ekkā am lelok ke, elaplok jen joñan eo ekkā am lelok nañe?</i>  <i>ELAÑE EDDIKLOK JEN JOÑAN EO EKKĀ AM LELOK, KAJITŌK: Elap an diklok jen joñan eo ekkā am lelok ñane ke jidik wōtan diklok jen joñan eo ekkā am lelok?</i>	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DONT KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DONT KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DONT KNOW ..... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
530	<p>When (NAME) had (fever / cough) was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p><i>I lo ien eo (E I E O) ear nañinmej (fever/pokpok), ewi joñan am kar in naajdiki? Eddiklok jen am kijoñ naajdiki ke, ejja joñan eo ekkā am naajdiki ke, elaplok jen joñan eo ekkā am naajdiki ke, kwōjjab kijoñ naajdiki?</i></p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p> <p><i>Elap an diklok jen joñan eo ekkā am naajdiki ke, jidik wōt an diklok jen joñan eo ekkā am naajdiki?</i></p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE ..... 4</p> <p>STOPPED FOOD . 5</p> <p>NEVER GAVE FOOD 6</p> <p>DONT KNOW ..... 8</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE ..... 4</p> <p>STOPPED FOOD . 5</p> <p>NEVER GAVE FOOD 6</p> <p>DONT KNOW ..... 8</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE ..... 4</p> <p>STOPPED FOOD . 5</p> <p>NEVER GAVE FOOD 6</p> <p>DONT KNOW ..... 8</p>
531	<p>Did you seek advice or treatment for the (fever / cough) from any source?</p> <p><i>Kwar ke kab b ok jib añ ak uno ñan (fever/pokpok) jen ijoko jab rewōt?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 536) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 536) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 536) ←</p>
532	<p>Where did you seek advice or treatment?</p> <p><i>I a eo kwar kab b ok jib añ ak uno ie?</i></p> <p>Anywhere else?</p> <p><i>Eb ar ke wōr jikin?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HEALTH FACILITY IS PUBLIC OR PRIVATE MEDICAL WRITE THE NAME OF THE PLACE</p> <p>_____ (NAME OF PLACE(S))</p>	<p>GOV'T MEDICAL FACILITY</p> <p>MAJURO HOSPITAL.. A</p> <p>EBEYE HOSPITAL.. B</p> <p>OUTER ISLAND HEALTH CENTER</p> <p>DISPENSARY... C</p> <p>MOBILE CLINIC... D</p> <p>PRIVATE MEDICAL FACILITY ..... E</p> <p>OTHER SOURCE</p> <p>SHOP ..... F</p> <p>LOCAL HEALER... G</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	<p>GOV'T MEDICAL FACILITY</p> <p>MAJURO HOSPITAL.. A</p> <p>EBEYE HOSPITAL.. B</p> <p>OUTER ISLAND HEALTH CENTER</p> <p>DISPENSARY... C</p> <p>MOBILE CLINIC... D</p> <p>PRIVATE MEDICAL FACILITY ..... E</p> <p>OTHER SOURCE</p> <p>SHOP ..... F</p> <p>LOCAL HEALER... G</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	<p>GOV'T MEDICAL FACILITY</p> <p>MAJURO HOSPITAL.. A</p> <p>EBEYE HOSPITAL.. B</p> <p>OUTER ISLAND HEALTH CENTER</p> <p>DISPENSARY... C</p> <p>MOBILE CLINIC... D</p> <p>PRIVATE MEDICAL FACILITY ..... E</p> <p>OTHER SOURCE</p> <p>SHOP ..... F</p> <p>LOCAL HEALER... G</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>
533	CHECK 532:	<p>TWO OR MORE CODES CIRCLED</p> <p>ONLY ONE CODE CIRCLED</p> <p>(SKIP TO 535) ←</p>	<p>TWO OR MORE CODES CIRCLED</p> <p>ONLY ONE CODE CIRCLED</p> <p>(SKIP TO 535) ←</p>	<p>TWO OR MORE CODES CIRCLED</p> <p>ONLY ONE CODE CIRCLED</p> <p>(SKIP TO 535) ←</p>
534	<p>Where did you first seek advice or treatment?</p> <p><i>Jikin ta eo jinoin kwar kab b ok jib añ ak uno jene?</i></p> <p>USE LETTER CODE FROM 532.</p>	<p>FIRST PLACE ... <input type="checkbox"/></p>	<p>FIRST PLACE ... <input type="checkbox"/></p>	<p>FIRST PLACE ... <input type="checkbox"/></p>

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME _____	NAME _____	NAME _____
535	<p>How many days after the illness began did you first seek advice or treatment for (NAME)?</p> <p><i>Jete raan jen ien eo ear jino an (ETEO) nañinmej im kwar jino kab b ok jib añ ak uno ñane?</i></p> <p>IF THE SAME DAY, RECORD '00'.</p>	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>
536	<p>Is (NAME) still sick with a (fever/cough)?</p> <p><i>(ETEO) ej ke nañinmej wõt kin (fever/pokpok)?</i></p>	FEVER ONLY ..... 1 COUGH ONLY .... 2 BOTH FEVER AND COUGH ..... 3 NO, NEITHER ..... 4 DON'T KNOW .... 8	FEVER ONLY ..... 1 COUGH ONLY .... 2 BOTH FEVER AND COUGH ..... 3 NO, NEITHER ..... 4 DON'T KNOW .... 8	FEVER ONLY ..... 1 COUGH ONLY .... 2 BOTH FEVER AND COUGH ..... 3 NO, NEITHER ..... 4 DON'T KNOW .... 8
537	<p>At any time during the illness, did (NAME) take any drugs for the illness?</p> <p><i>I lo ien in (ETEO) ej nañinmej, ear ke eb b òk uno ko ñan nañinmej in?</i></p>	YES ..... 1 NO ..... 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 542) DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 542) DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 542) DON'T KNOW ..... 8
538	<p>What drugs did (NAME) take?</p> <p><i>Etan uno eo ak uno ko (ETEO) ear b òki?</i></p> <p>Any other drugs?  <i>Eb ar wör ke uno?</i></p> <p>RECORD ALL MENTIONED.</p>	ANTIBIOTIC DRUGS PILL/SYRUP ... A INJECTION ... B  OTHER DRUGS ASPIRIN ..... C ACETAMINOPHEN ... D IBUPROFEN ... E  OTHER (SPECIFY) X DON'T KNOW ..... Z	ANTIBIOTIC DRUGS PILL/SYRUP ... A INJECTION ... B  OTHER DRUGS ASPIRIN ..... C ACETAMINOPHEN ... D IBUPROFEN ... E  OTHER (SPECIFY) X DON'T KNOW ..... Z	ANTIBIOTIC DRUGS PILL/SYRUP ... A INJECTION ... B  OTHER DRUGS ASPIRIN ..... C ACETAMINOPHEN ... D IBUPROFEN ... E  OTHER (SPECIFY) X DON'T KNOW ..... Z
539	<p>CHECK 538: CODE A CIRCLED?</p>	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 542)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 542)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 542)
540	<p>Did you already have the antibiotic pill/syrup at home when the child became ill?</p> <p><i>Ewör ke uno in wa imweo ilo ien eo ajiri eo ej nañinmej?</i></p>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
541		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 542.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 542.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 542.



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
542	CHECK 215 AND 218, ALL ROWS:  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS AT LEAST ONE CHILD BORN IN 2002 OR LATER AND LIVING WITH HER</p> <p>RECORD NAME OF NEXT-TO-YOUNGEST CHILD (OR ONLY CHILD) LIVING WITH HER (AND CONTINUE WITH 543)</p> <p>(NAME)</p> </div> <div style="width: 45%;"> <p>DOES NOT HAVE ANY CHILDREN BORN IN 2002 OR LATER AND LIVING WITH HER</p> </div> </div>		545
543	The last time (NAME OF NEXT-TO-YOUNGEST CHILD IN Q542) passed stools, what was done to dispose of the stools?  <i>I en eo eliktata in an (AJIRI EOER_ TLOK JEN DIKTATA EO ILO Q542) keb ojak ak b widrej, ewi wäwein kar jokb eje b widrej in?</i>	CHILD USED TOILET OR LATRINE ... 01 PUT/RINSED INTO TOILET OR LATRINE ..... 02 PUT/RINSED INTO DRAIN OR DITCH ..... 03 THROWN INTO GARBAGE ..... 04 BURIED ..... 05 LEFT IN THE OPEN ..... 06 OTHER ..... 96 (SPECIFY)	
544	CHECK 521(a) AND 521(b), ALL COLUMNS:  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID</p> </div> <div style="width: 45%;"> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID</p> </div> </div>		546
545	Have you ever heard of a special product called the ORS or Oral Rehydration Salt or a pre-packaged ORS liquid you can get for the treatment of diarrhea?  <i>Konañin ke kar roñ kin juon uno etan ORS (uno b outa eo) im komaroñ b ðk ñan jib añ b ðb rae b iro ro ak ilok loje?</i>	YES ..... 1 NO ..... 2	
546	CHECK 215 AND 218, ALL ROWS:  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS AT LEAST ONE CHILD BORN IN 2002 OR LATER AND LIVING WITH HER</p> </div> <div style="width: 45%;"> <p>DOES NOT HAVE ANY CHILDREN BORN IN 2002 OR LATER AND LIVING WITH HER</p> </div> </div>		601
547	Now I would like to ask you about liquids or foods (NAME FROM 542) had yesterday during the day or at night. <i>Kiið komaroñ ke kwalok kain dren ak moña (ETEO JEN 542) ear kañi ak idaaki ilo aolepen raan eo inne, jen jib oñ ñan jota?</i>  Did (NAME FROM 542) (drink/eat): (ETEO JEN 542) ear ke (daak/moña):  Plain water? Commercially produced infant formula? <i>Aib oj?</i> <i>Milk ko limen niñniñ ilo mon wia ko?</i>  Any baby cereal like Gerber or Cerelac? Any (other) porridge or gruel? <i>Cereal ko kijen niñniñ einwot Gerber ak Cerelac?</i> <i>Jaib o ak jokkob?</i>	<div style="display: flex; justify-content: flex-end; margin-bottom: 10px;"> YES   NO   DK </div> PLAIN WATER ..... 1   2   8 INFANT FORMULA ..... 1   2   8  BABY CEREAL ..... 1   2   8 OTHER PORRIDGE/GRUEL... 1   2   8	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
549	<p>CHECK 547 (LAST 2 CATEGORIES: BABY CEREAL OR OTHER PORRIDGE/GRUEL) AND 548 (CATEGORIES d THROUGH r FOR CHILD):</p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p>	<p>NOT A SINGLE "YES" <input type="checkbox"/></p>	601
550	<p>How many times did (NAME FROM 542) eat solid, semisolid, or soft foods yesterday during the day or at night?  <i>Ewōr jete katōn an (ET EO JEN 542) kar moña moña ko reppen, rejjab lukun eppen, ak ko rebiroro ilo aolepen raan eo inne jen jibuñ ñan jota?</i></p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES ..... <input type="checkbox"/></p> <p>DON'T KNOW ..... 8</p>	

**SECTION 6. MARRIAGE AND SEXUAL ACTIVITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married? <i>Emōj am marre ke, kwōj b elele ak kob a ke, ejelok möttam ilo töre in?</i>	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A MAN ..... 2 NO, NOT IN UNION ..... 3	→ 604
602	Have you ever been married or lived together with a man as if married? <i>Konañin ke kar marry ak jokwe ib b en b ar juon ak b elele?</i>	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A MAN ..... 2 NO ..... 3	→ 609
603	What is your marital status now: are you widowed, divorced, or separated? <i>Emōj an jako leo b elele/karemöttam ke, emōj am jepel ke, kwōj jepel ilo jidik ien?</i>	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	→ 606
604	Is your husband/partner living with you now or is he staying elsewhere? <i>Leo b elele/möttam ej jokwe ib b am kiiō ke ej jokwe b ar juon jikin?</i>	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME ..... LINE NO. ....	
606	Have you been married or lived with a man only once or more than once? <i>Konañin ke kar marre ak jokwe ak mour in b elele juon katōn ak eloñ lok jen juon katōn?</i>	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	
607	CHECK 606:  <div style="display: flex; justify-content: space-around;"> <div> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE</p> <p>↓</p> <p>In what month and year did you start living with your husband/partner?</p> <p><i>Alloñ im yio ta eo kwar jino am jokwe ak kob a ib b en leo b elele/möttam ie?</i></p> </div> <div> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE</p> <p>↓</p> <p>Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?</p> <p><i>Kiiō ikōnaan b ök jidik melele ikijen ien eo im kwar jino jokwe ak b elele ib b en leo b elele/möttam kein kajuon. Alloñ kab yio ta kwar jino kob a ib b en ie?</i></p> </div> </div>	MONTH ..... DONT KNOW MONTH ..... 98 YEAR ..... DONT KNOW YEAR ..... 9998	→ 609
608	How old were you when you first started living with him? <i>Jete am yio ke kwar jino am jokwe ib b en?</i>	AGE .....	
609	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
610	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.  How old were you when you had sexual intercourse for the very first time?  <i>Kiiō emenin aikuñ b we in kajitōkin eok kin mour in b elele eo am ñan jib añ kalaplok melele ko ikijen jetmenin kenono ko im raorök im rejelet mour ko ad.</i>  <i>Jete am yio ilo ien eo kein kajuon am ion ak b ab u ib b en emmaan?</i>	NEVER HAD SEXUAL INTERCOURSE ..... 00  AGE IN YEARS .....  FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER ..... 95	→ 613   → 613

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611	CHECK 105: AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/>		→ 633
612	Do you intend to wait until you get married to have sexual intercourse for the first time? <i>Kwōj ke lemnak in kōttar mae ien emōj am marry im ion ak babu ibben juon emmaan?</i>	YES ..... 1 NO ..... 2 DONT KNOW/UNSURE ..... 8	→ 633
613	CHECK 105: AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/>		→ 618
614	The <u>first</u> time you had sexual intercourse, was a condom used? <i>Ilo ien eo kein kajuon in am ion ak babu ibben emmaan, kwar ke kōjerbal roba ak condom?</i>	YES ..... 1 NO ..... 2 DONT KNOW/DONT REMEMBER .... 8	
615	How old was the person you first had sexual intercourse with? <i>Jete an armej eo im kein kajuon in am ion armej yio?</i>	AGE OF PARTNER ..... <input type="text"/> DONT KNOW ..... 98	→ 618
616	Was this person older than you, younger than you, or about the same age as you? <i>Armej in er_tto jen eok ke, eddiklok jen eok ke eitīn drettamiro wōt juon?</i>	OLDER ..... 1 YOUNGER ..... 2 ABOUT THE SAME AGE ..... 3 DONT KNOW/DONT REMEMBER .... 8	→ 618
617	Would you say this person was ten or more years older than you or less than ten years older than you? <i>Armej in emaroñ in ke joñoul yio r_ttlok jen eok ke diklok jen 10 yio r_ttlok jen eok?</i>	TEN OR MORE YEARS OLDER ..... 1 LESS THAN TEN YEARS OLDER .... 2 OLDER, UNSURE HOW MUCH ..... 3	
618	When was the <u>last</u> time you had sexual intercourse?  IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.  <i>Ñaat eo eliktata in am ion ak babu ibben juon emmaan?</i>	DAYS AGO ..... 1 WEEKS AGO ..... 2 MONTHS AGO ..... 3 YEARS AGO ..... 4	→ 632

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
618A	<p>Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p> <p><i>Kiiō ikōnaan b ar kajitōkin eok kin mour in b elele eo am Kiiō. Ij b ar jiroñ eok im kamej lok ke aolep uak ko am renaj b ed ilo tinwadrik im b an walok ñan jab rewōt armej. Elañe jenaj tōb ar tok jet kajitōk ko im kwōjjab kōnaan uaki, kōjelaik io im kejro naj wōnmanlok wōt ñan kajitōk ko jet</i></p>			
619	<p>When was the last time you had sexual intercourse with this person?</p> <p><i>Naateo eliktata in am b ed ak bab u ib b en armejin?</i></p>		<p>DAYS . 1 <input type="text"/></p> <p>WEEKS 2 <input type="text"/></p> <p>MONTHS 3 <input type="text"/></p>	<p>DAYS . 1 <input type="text"/></p> <p>WEEKS 2 <input type="text"/></p> <p>MONTHS 3 <input type="text"/></p>
620	<p>The last time you had sexual intercourse (with this second/third person), was a condom used?</p> <p><i>Ilo ien eo eliktata in am b ed ak bab u ib b en (armej in kein karuokajilu), komiro ear ke kōjerb al rob a?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 622) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 622) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 622) ←</p>
621	<p>Did you use a condom every time you had sexual intercourse with this person in the last 12 months?</p> <p><i>Kwar ke kōjerb al rob a ilo aolep ien am b ed ak bab u ib b en armej in iumin alloñ ko 12 rej jemlok?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>
622	<p>What was your relationship to this person with whom you had sexual intercourse?</p> <p><i>Enret kadkad eo am ñan armej in kwar b ed ak bab u ib b en?</i></p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p><i>Komiro kar ke jokwe ib b en dro nak b elele?</i></p> <p>IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.</p>	<p>HUSBAND ..... 1</p> <p>(SKIP TO 628) ←</p> <p>LIVE-IN PARTNER ..... 2</p> <p>BOYFRIEND NOT</p> <p>LIVING WITH RESPONDENT ..... 3</p> <p>CASUAL ACQUAINTANCE ... 4</p> <p>PROSTITUTE ..... 5</p> <p>OTHER ..... 6</p> <p>(SPECIFY)</p>	<p>HUSBAND ..... 1</p> <p>(SKIP TO 628) ←</p> <p>LIVE-IN PARTNER ..... 2</p> <p>BOYFRIEND NOT</p> <p>LIVING WITH RESPONDENT ..... 3</p> <p>CASUAL ACQUAINTANCE ... 4</p> <p>PROSTITUTE ..... 5</p> <p>OTHER ..... 6</p> <p>(SPECIFY)</p>	<p>HUSBAND ..... 1</p> <p>(SKIP TO 628) ←</p> <p>LIVE-IN PARTNER ..... 2</p> <p>BOYFRIEND NOT</p> <p>LIVING WITH RESPONDENT ..... 3</p> <p>CASUAL ACQUAINTANCE ... 4</p> <p>PROSTITUTE ..... 5</p> <p>OTHER ..... 6</p> <p>(SPECIFY)</p>
623	<p>For how long (have you had/did you have) a sexual relationship with this person?</p> <p><i>Ewi aetokan ak kar ewi aetokan b ed in amiro armejin?</i></p> <p>IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.</p>	<p>DAYS . 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS 3 <input type="text"/></p>	<p>DAYS . 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS 3 <input type="text"/></p>	<p>DAYS . 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS 3 <input type="text"/></p>
624	CHECK 105:	<p>AGE 15-24 <input type="text"/></p> <p>AGE 25-49 <input type="text"/></p> <p>(SKIP TO 628) ←</p>	<p>AGE 15-24 <input type="text"/></p> <p>AGE 25-49 <input type="text"/></p> <p>(SKIP TO 628) ←</p>	<p>AGE 15-24 <input type="text"/></p> <p>AGE 25-49 <input type="text"/></p> <p>(SKIP TO 628) ←</p>
625	<p>How old is this person?</p> <p><i>Jete an armej in yio?</i></p>	<p>AGE OF PARTNER <input type="text"/></p> <p>(SKIP TO 628) ←</p> <p>DONT KNOW ..... 98</p>	<p>AGE OF PARTNER <input type="text"/></p> <p>(SKIP TO 628) ←</p> <p>DONT KNOW ..... 98</p>	<p>AGE OF PARTNER <input type="text"/></p> <p>(SKIP TO 628) ←</p> <p>DONT KNOW ..... 98</p>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER		
626	Is this person older than you, younger than you, or about the same age? <i>Armej in er_ tto jen eok ke, eddiklok jen eok ke eit in drettamiro wötjuon?</i>	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DONT KNOW ... 8 (SKIP TO 628) ←	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DONT KNOW ... 8 (SKIP TO 628) ←	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DONT KNOW ... 8 (SKIP TO 628) ←		
627	Would you say this person is ten or more years older than you or less than ten years older than you? <i>Armej in emaroñ in ke joñoul yio r_ ttolok jen eok ke diklok jen 10 yio r_ ttolok jen eok?</i>	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3		
628	The last time you had sexual intercourse with this person, did you or this person drink alcohol? <i>Ilo ien eo eliktata in amiro armej in ion ak b ab u ib b en dren, ewör ke iamirro ear bö k dren in kadrek?</i>	YES ..... 1 NO ..... 2 (SKIP TO 630) ←	YES ..... 1 NO ..... 2 (SKIP TO 630) ←	YES ..... 1 NO ..... 2 (SKIP TO 631) ←		
629	Were you or your partner drunk at that time? <i>Ilo ien eo, ewör ke iamirro ear kadrek?</i>  IF YES: Who was drunk? <i>ELANE AET: Wön eo ear kadrek?</i>	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4		
630	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months? <i>Ijelokin [armej in/armej rein ruo], eb ar wör ke en kwar b ed ak b ab u ib b en iumin alloñ ko 12 rej jemlok?</i>	YES ..... 1 (GO BACK TO 619 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 632) ←	YES ..... 1 (GO BACK TO 619 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 632) ←			
631	In total, with how many different people have you had sexual intercourse in the last 12 months? <i>Jete oran aolep kajojo armej ro im emöjam b ed ak b ab u ib b eir iumin alloñ ko 12 rej jemlok?</i>  IF NON-NUMERIC ANSWER, PROBE TO GET A NESTIMATE.  IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> DONT KNOW ... 98		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
632	In total, with how many different people have you had sexual intercourse in your lifetime?	NUMBER OF PARTNERS IN LIFETIME	<input type="text"/>	
	<i>Jete oran aolep ro im emōj am b ed ak b ab u ib b eir ilo mour ne am?</i>	DONT KNOW	98	
	IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.			
	IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			
633	Do you know of a place where a person can get condoms?	YES	1	
	<i>Kwōjela ke kajen juon jikin eo im juon armej emaroñ eb bōk condom ak rob a ie?</i>	NO	2	701
634	Where is that?	GOVERNMENT MEDICAL FACILITY		
	<i>Ew jikin in?</i>	MAJURO HOSPITAL	A	
		EBEY E HOSPITAL	B	
	Any other place?	OUTER ISLAND HEALTH CENTER/DISPENSARY	C	
	<i>Eb ar wōr ke jikin?</i>	MOBILE CLINIC	D	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).	PRIVATE MEDICAL FACILITY	E	
		OTHER SOURCE		
		SHOP	F	
	IF UNABLE TO DETERMINE IF HEALTH FACILITY IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE	HOTEL/MOTEL	G	
		FRIEND/RELATIVE	H	
		OTHER	X	
	(NAME OF PLACE(S))	(SPECIFY)		
635	If you wanted to, could you yourself get a condom?	YES	1	
	<i>Elañe kwōn kar b aj kōnaan, kōmaroñ ke kar make etal im eb bōk am rob a ak condom?</i>	NO	2	
		DONT KNOW/UNSURE	8	



**SECTION 7. FERTILITY PREFERENCES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p><b>CHECK 311/311A:</b></p> <p>NEITHER <input type="checkbox"/> HE OR SHE <input type="checkbox"/></p> <p>STERILIZED STERILIZED</p>		→ 713
702	<p><b>CHECK 226:</b></p> <p>NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>OR UNSURE</p> <p>Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?</p> <p><i>Kiiō ewōr jet kajitōk kin raan kane tok. Kwōj kōnaan ke b we en (b ar) wōr nejim ajiri ke kwōjjab kōnaan (bar) nej?</i></p> <p>Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have anymore children?</p> <p><i>Kiiō ewōr jet kajitōk kin raan kane tok. Elkin ajiri ne kwōj nañinmej kake kiiō, kwōj kōnaan ke b we en b ar wōr juon ajiri, ke kwōjjab b ar kōnaan b we en wōr nejim?</i></p>	<p>HAVE (A/ANOTHER) CHILD ..... 1</p> <p>NO MORE/NONE ..... 2 → 704</p> <p>SAYS SHE CAN'T GET PREGNANT ..... 3 → 713</p> <p>UNDECIDED/DON'T KNOW AND PREGNANT ..... 4 → 709</p> <p>UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE ..... 5 → 708</p>	
703	<p><b>CHECK 226:</b></p> <p>NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>OR UNSURE</p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p><i>Ewi aetokan jen kiiō maanlok in am kōnaan kōttar ñan an wōr ak b ar wōr juon nejim?</i></p> <p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p> <p><i>Elkin an lotak ajiri in kwōj nañinmej kake kiiō, ewi aetokan am kōnaan kōttar ñan an b ar wōr nejim?</i></p>	<p>MONTHS ..... 1</p> <p>YEARS ..... 2</p> <p>SOON NOW ..... 993 → 708</p> <p>SAYS SHE CAN'T GET PREGNANT ..... 994 → 713</p> <p>AFTER MARRIAGE ..... 995</p> <p>OTHER ..... 996 → 708 (SPECIFY)</p> <p>DON'T KNOW ..... 998</p>	
704	<p><b>CHECK 226:</b></p> <p>NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>OR UNSURE</p>		→ 709
705	<p><b>CHECK 310: USING A CONTRACEPTIVE METHOD?</b></p> <p>NOT <input type="checkbox"/> NOT <input type="checkbox"/> CURRENTLY <input type="checkbox"/></p> <p>ASKED CURRENTLY USING</p>		→ 713
706	<p><b>CHECK 703:</b></p> <p>NOT <input type="checkbox"/> 24 OR MORE MONTHS <input type="checkbox"/> 00-23 MONTHS <input type="checkbox"/></p> <p>ASKED OR 02 OR MORE YEARS OR 00-01 YEAR</p>		→ 709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS TO HAVE A/ANOTHER CHILD</p> <p><input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p><i>Kwar ba ke kwōjab kōnaan (bar) nejm ajri kiō, bōtap kwōjab kōjēbal wāwein ko ñan bōbrae am bōro?</i></p> <p><i>Komaroñ ke kwalok ebajet ke kwōjab kōjēbal wāwein ko ñan jibañ bōbrae bōro?</i></p> <p><i>Ebar wōr ke un ko jet?</i></p> </div> <div style="text-align: center;"> <p>WANTS NO MORE/ NONE</p> <p><input type="checkbox"/></p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p><i>Emōj am ba ke kwōjab kōnaan bwe en wōr (bar) nejm, bōtap kwōjab kōjēbal wāwein ko ñan bōbrae am bōro?</i></p> <p><i>Komaroñ ke kwalok ebajet ke kwōjab kōjēbal wāwein ko ñan jibañ bōbrae bōro?</i></p> <p><i>Ebar wōr ke un ko jet?</i></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 NORMAL PROCESSES ..... T</p> <p>OTHER ..... X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
708	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p>		713
709	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p> <p><i>Ilo am lemnak, kwōnaj ke kōjēbal juon ñan wāwein ko ñan jibañ karumojok ak bōbrae bōro jabrewōt ñen ilo raan kane rej beddo tok?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>711</p> <p>713</p>
710	<p>Which contraceptive method would you prefer to use?</p> <p><i>Ewi ñan wāwein bōbrae bōro kein komaroñ kōjēbale?</i></p>	<p>FEMALE STERILIZATION ..... 01</p> <p>MALE STERILIZATION ..... 02</p> <p>PILL ..... 03</p> <p>INJECTABLES ..... 04</p> <p>IMPLANTS ..... 05</p> <p>CONDOM ..... 06</p> <p>RHYTHM ..... 07</p> <p>WITHDRAWAL ..... 08</p> <p>OTHER ..... 96 (SPECIFY)</p> <p>UNSURE ..... 98</p>	713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	<p>What is the main reason that you think you will not use a contraceptive method at any time in the future?</p> <p><i>Ilo am lemnak, ta unlelep eo im ej kōmman bwe kwōn jab kōjbal wāwein bōbrae bōroro kein ilo raan kane rej beddo tok imaan?</i></p>	<p>NOT MARRIED ..... 11</p> <p>FERTILITY-RELATED REASONS</p> <p>INFREQUENT SEX/NO SEX .... 21</p> <p>MENOPAUSAL/HYSTERECTOMY ..... 22</p> <p>SUBFECUND/INFECUND ..... 23</p> <p>WANTS AS MANY CHILDREN AS POSSIBLE ..... 24</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED ..... 31</p> <p>HUSBAND/PARTNER OPPOSED ..... 32</p> <p>OTHERS OPPOSED ..... 33</p> <p>RELIGIOUS PROHIBITION ..... 34</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD ..... 41</p> <p>KNOWS NO SOURCE ..... 42</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS ..... 51</p> <p>FEAR OF SIDE EFFECTS ..... 52</p> <p>LACK OF ACCESS/TOO FAR .... 53</p> <p>COSTS TOO MUCH ..... 54</p> <p>INCONVENIENT TO USE ..... 55</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... 56</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p> <p>DONT KNOW ..... 98</p>	<p>→ 713</p>
712	<p>Would you ever use a contraceptive method if you were married?</p> <p><i>Kwōnaj ke kōjbal juon ian wāwein bōbrae bōroro kein elañe emōj am many?</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	
713	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p><i>Elañe komaroñ bar rool ñan ien eo im ejañin kar wōr nejim ajiri im komaroñ kelet jete nejim ilo aolepen mour ne am, jete eo kwōn kar kelete?</i></p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p><i>Elañe komaroñ kelet jete oran nejim ajiri ilo aolepen mour ne am, jete eo kwōn kar kelete?</i></p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE ..... 00</p> <p>NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	<p>→ 715</p> <p>→ 715</p>
714	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?</p> <p><i>Jete uwaan ajiri rein kwōj kōnaan bwe en laddrik, ak jete kwōj kōnaan bwe en laddrik, ak jete im ejab aorōk elañe laddrik ak laddrik?</i></p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
715	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? From peers/friends? <i>Ilo alloñ ko rej jemlok, konañin ke roñ kin bamle planning ilo:  radio?  tv?  newspaper ak magazine?  jen ro jeram im möttam?</i>	<table> <tr> <th></th><th>YES</th><th>NO</th></tr> <tr> <td>RADIO .....</td><td>1</td><td>2</td></tr> <tr> <td>TELEVISION .....</td><td>1</td><td>2</td></tr> <tr> <td>NEWSPAPER OR MAGAZINE ...</td><td>1</td><td>2</td></tr> <tr> <td>PEERS/FRIENDS .....</td><td>1</td><td>2</td></tr> </table>		YES	NO	RADIO .....	1	2	TELEVISION .....	1	2	NEWSPAPER OR MAGAZINE ...	1	2	PEERS/FRIENDS .....	1	2	
	YES	NO																
RADIO .....	1	2																
TELEVISION .....	1	2																
NEWSPAPER OR MAGAZINE ...	1	2																
PEERS/FRIENDS .....	1	2																
716	Have you heard about the family planning message " A child having a child"?	YES ..... 1 NO ..... 2																
717	CHECK 601:  YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→ 801															
718	CHECK 311/311A: CODE B, F, OR H CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 720 → 722															
719	Does your husband/partner know that you are using a method of family planning? <i>Leo belele ak möttam ewör ke an jela ke kwöj köjbal juon ian wäwein bamle planning ko?</i>	YES ..... 1 NO ..... 2 DONT KNOW ..... 8																
720	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together? <i>Ilo am lemnak, köjbal wäwein böbrae böroro ko ej am make pepe ke, an leo belele/möttam pepe ke, komiro jimor ej peke?</i>	MAINLY RESPONDENT ..... 1 MAINLY HUSBAND/PARTNER ..... 2 JOINT DECISION ..... 3 OTHER ..... 6 (SPECIFY) _____																
721	CHECK 311/311A:  NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 801															
722	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want? <i>Leo belele/möttam ej kõnaan joñan oran ajiri eo kwöj kõnaan ke, eloñlok jen joñan ajiri eo kwöj kõnaan ke, eiietlok jen joñan ajiri eo kwöj kõnaan?</i>	SAME NUMBER ..... 1 MORE CHILDREN ..... 2 FEWER CHILDREN ..... 3 DONT KNOW ..... 8																

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602:		
	<div> <div>CURRENTLY MARRIED/ LIVING WITH A MAN</div> <div>FORMERLY MARRIED/ LIVED WITH A MAN</div> <div>NEVER MARRIED AND NEVER LIVED WITH A MAN</div> </div>		<div>→ 803</div> <div>→ 807</div>
802	How old was your husband/partner on his last birthday? <i>Jete an leo b elele/möttam yio ilo ien kemem eo an eliktata?</i>	AGE IN COMPLETED YEARS	
803	Did your (last) husband/partner ever attend school? <i>Leo b elele/möttam ena'in ke kar b ed ilo jikuul?</i>	YES ..... 1 NO ..... 2	→ 806
804	What is the highest level of school he attended: elementary, secondary, or higher?  <i>Level ak class ta eo euteijtata ak eliktata ear b ed ie: elementary ke, high school ke, loñlok?</i>	ELEMENTARY ..... 01 HIGH SCHOOL ..... 02 SOME COLLEGE ..... 03 ASSOCIATE DEGREE ..... 04 BACHELOR'S DEGREE ..... 05 MASTER'S DEGREE ..... 06 PROFESSIONAL DEGREE ..... 07 DOCTORATE DEGREE ..... 08 OTHER ..... 09 DONT KNOW ..... 98	→ 806
805	What was the highest (grade/year) he completed at that level?  <i>Class ta eo eliktata ak euteijtata ear kadredreiklok ilo level eo ear b ed ie?</i>	GRADE ..... DONT KNOW ..... 98	
806	CHECK 801:		
	<div> <div>CURRENTLY MARRIED/ LIVING WITH A MAN</div> <div>FORMERLY MARRIED/ LIVED WITH A MAN</div> </div>		
	<div>What is your husband's/ partner's occupation? That is, what kind of work does he mainly do? <i>Jerb al röte eo an leo b elele ak möttam? Jerb al röt eo im ekkä an kömmane?</i></div> <div>What was your (last) husband's/partner's occupation? That is, what kind of work did he mainly do? <i>Jerb al röte eo an kar leo b elele ak kar leo möttam? Jerb al röte eo im ekkä an kömmane?</i></div>		
807	Aside from your own housework, have you done any work in the last seven days? <i>Ijelokin jerb al ko am imweo, ewör ke jerb al en kwar b ed ie ak kömmane ilo raan ko 7 rej jemlok?</i>	YES ..... 1 NO ..... 2	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work? <i>Einwötam jela, ewör körä ro rej b ed ilo jerb al ko im rej kollaik er kin jaan ak mweiuk ak wawein ko jet. Jet korä rej wiakaki mweiuk ko, jet ewör aer b usiness jidik ko, ak jet körä rej jerb al ilo jikin kallip ko an bamle eo ak jerb al ilo b usiness ko an bamle eo. Ilo raan ko 7 rej jemlok, ewör ke ian jerb al kein ak jerb al ko jab rewökwar kömmani ak b ed ie?</i>	YES ..... 1 NO ..... 2	→ 811

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason? <i>Ilo am kar jab jerb al ilo raan ko 7 rej jemlok, ewör ke am jerb al ak b usiness im kwar jako jene itok wötjen am kakije ak nañinmej ak k_ rae ak wun ko jet?</i>	YES ..... 1 NO ..... 2	→ 811
810	Have you done any work in the last 12 months? <i>Konañin ke kar b ed ilo jab rewöt kain jerb al ilo alloñ ko 12 rej jemlok?</i>	YES ..... 1 NO ..... 2	→ 818
811	What is your occupation, that is, what kind of work do you mainly do? <i>Kain jerb al rötne am ak jerb al röt eo ekkä am kömmame?</i>		
812	CHECK 811: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 814
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land? <i>Kwöj jerb al ion b widrej eo am make ke, ion b widrej eo an b amle am eo ke, ion b widrej eo kwöj rente jen b ar juon ke, kwöj jerb al ion b widrej eo an b ar juon armej?</i>	OWN LAND ..... 1 FAMILY LAND ..... 2 RENTED LAND ..... 3 SOMEONE ELSE'S LAND ..... 4	
814	Do you do this work for a member of your family, for someone else, or are you self-employed? <i>Kwöj jerb al ñan juon ian uwaan b amle eo am ke, Kwöj jerb al ñan b ar juon armej ke, kwöj jerb al ib b am make?</i>	FOR FAMILY MEMBER ..... 1 FOR SOMEONE ELSE ..... 2 SELF-EMPLOYED ..... 3	
815	Do you usually work at home or away from home? <i>Ekkä am jerb al imweo möm ke joko jet?</i>	HOME ..... 1 AWAY ..... 2	
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while? <i>Ekkä am jerb al aolep ien ilo an juon yio ke, jet wöt ien ilo an juon yio ke, juon katin ilo jet ien?</i>	THROUGHOUT THE YEAR ..... 1 SEASONALLY / PART OF THE YEAR ..... 2 ONCE IN A WHILE ..... 3	
817	Are you paid in cash or kind for this work or are you not paid at all? <i>Ilo jerb al in, kwöj b ök am kölla ilo jään ke mweiuk ak wäwein ko jet ke, ak ejelok kölla en kwöj b öke?</i>	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	
818	CHECK 601: CURRENTLY MARRIED / LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 827
819	CHECK 817: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 822
820	Who usually decides how the money that you earn will be used: you, your husband/partner, or you and your husband/partner jointly? <i>Wön eo ekkä an peke wäwein an jään eo kwöj kömmame jerb al: kwe ke, leo b elele/mötam ke, komiro leo b elele/mötam jimor?</i>	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 OTHER ..... 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
821	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same? <i>Komaroŋ ke b a ke jään eo kwōj kōmmane elaplok jen jään eo leo b elele/mōttam ej kōmmane ke, eddiklok jen jään eo ej kōmmane ke eitin joŋan wōtjuon?</i>	MORE THAN HIM .....	1				
		LESS THAN HIM .....	2				
		ABOUT THE SAME .....	3				
		HUSBAND/PARTNER DOESNT BRING IN ANY MONEY .....	4				→ 823
		DONT KNOW .....	8				
822	Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly? <i>Wōn eo ekkā an peke wāwein an jään eo leo b elele/mōttam ej kōmmane: kwe ke, leo b elele/mōttam ke, komiro leo b elele/mōttam jimor?</i>	RESPONDENT .....	1				
		HUSBAND/PARTNER .....	2				
		RESPONDENT AND HUSBAND/PARTNER JOINTLY ...	3				
		HUSBAND/PARTNER HAS NO EARNINGS .....	4				
		OTHER .....	6				
		(SPECIFY)					
823	Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else? <i>Wōn eo ekkā an peke jab rewōt kain wāwein ko im ejelet ejmour eo am: kwe ke, leo b elele/mōttam ke, komiro leo b elele/mōttam jimor ke, b ar juon armej?</i>	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6	1	2	3	4	6
824	Who usually makes decisions about making major household purchases? <i>Wōn eo ekkā an peke wāwein wia mweuik elap (einwōt ice b ōk ak stove ak men ko eirlok wōt) ŋan mwiin?</i>	1	2	3	4	6	
825	Who usually makes decisions about making purchases for daily household needs? <i>Wōn eo ekkā an peke wia tok aikuij dikdik ko an mwin?</i>	1	2	3	4	6	
826	Who usually makes decisions about visits to your family or relatives? <i>Wōn eo ekkā an peke ien lolok b amle eo am ak ro nukum?</i>	1	2	3	4	6	
827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)						
			PRES/ LISTEN.	PRES/ NOT LISTEN.	NOT PRES.		
		CHILDREN < 10 .....	1	2	3		
		HUSBAND .....	1	2	3		
		OTHER MALES .....	1	2	3		
		OTHER FEMALES ...	1	2	3		
828	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:		YES	NO	DK		
	If she goes out without telling him?	GOES OUT .....	1	2	8		
	If she neglects the children?	NEGL. CHILDREN ...	1	2	8		
	If she argues with him?	ARGUES .....	1	2	8		
	If she refuses to have sex with him?	REFUSES SEX .....	1	2	8		
	If she burns the food?	BURNS FOOD .....	1	2	8		
	<i>Jet ien, leo b elele/mōttam ej matōrtōr ak illu kin jet men ko im kōrā eo b elen ej kjoŋ kōmmani. Ilo am lemnak, ewanōk ak ejimwe ke b we leo b elele en man ak lelōk b ein ŋan lio b elele elaŋe ej walok wāwein kein:</i>						
	<i>Elaŋe lio b elele emakit kitak ejjab kōjellaik leo b elele?</i>						
	<i>Elaŋe lio b elele ej jäniknik i ajiri ro?</i>						
	<i>Elaŋe lio b elele ej akwāāl ak kab ouwe ib b en?</i>						
	<i>Elaŋe lio b elele ej makoko in b ab u ak b ed ib b en?</i>						
	<i>Elaŋe lio b elele ej katulaar i moŋa ko?</i>						

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP	
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS? <i>Kiiō ij tīn kenono kin b ar juon men. Emōj ke am roñ kin nañinmej eo etan in AIDS?</i>	YES .....	1			
		NO .....	2		→ 944	
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners? <i>Armej remaroñ ke kaddiklok aer maroñ b òk nañinmej in AIDS ilo an juon wõt mōttan eo im eb ar ejellok mōttan joko jet?</i>	YES .....	1			
		NO .....	2			
		DONT KNOW .....	8			
903	Can a pregnant mother get the AIDS virus if she has sexual intercourse with an infected partner? <i>Juon kōrā eo eb òro ro emaroñ ke b òk nañinmej in AIDS ilo an ion ak b ab u ib b en juon eo im ewor nañinmej in ib b en?</i>	YES .....	1			
		NO .....	2			
		DONT KNOW .....	8			
904	Can people reduce their chance of getting the AIDS virus by using a condom everytime they have sex? <i>Armej remaroñ ke kaddiklok aer maroñ b òk nañinmej in AIDS ilo aer kōjerb al condom ak rob a aolep ien rej b ed ak b ab u ib b en b ar juon?</i>	YES .....	1			
		NO .....	2			
		DONT KNOW .....	8			
905	Can people get the AIDS virus by sharing food with a person who has AIDS? <i>Armej remaroñ ke b òk nañinmej in AIDS itok wõtjen aer mona ib b en ro ewor nañinmej in AIDS ib b en?</i>	YES .....	1			
		NO .....	2			
		DONT KNOW .....	8			
906	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all? <i>Armej remaroñ ke kaddiklok aer maroñ b òk nañinmej in AIDS ilo aer jab ion ak b ab u ib b en jab rewot?</i>	YES .....	1			
		NO .....	2			
		DONT KNOW .....	8			
907	Can people get the AIDS virus because of witchcraft or other supernatural means? <i>Armej remaroñ ke b òk nañinmej in AIDS itok wõtjen jerb al in anijnj ak ekōb el?</i>	YES .....	1			
		NO .....	2			
		DONT KNOW .....	8			
908	Is it possible for a healthy-looking person to have the AIDS virus? <i>Juon armej eo ewāmourur im karb ob jekjekin emaroñ ke wōr nañinmej in AIDS ib b en?</i>	YES .....	1			
		NO .....	2			
		DONT KNOW .....	8			
909	Can the virus that causes AIDS be transmitted from a mother to her baby? <i>Virus ak kij eo me ej kōmman nañinmej in AIDS emaroñ ke etal jen jinen ajiri eo ñan ajiri eo ilo:</i>			YES	NO	DK
	During pregnancy? <i>ien eo ej b òro ro kake?</i>	DURING PREG. ....	1	2	8	
	During delivery? <i>ien eo ej ki otake?</i>	DURING DELIVERY ...	1	2	8	
	By breastfeeding? <i>an kaninnini?</i>	BREASTFEEDING ...	1	2	8	
910	CHECK 909: AT LEAST ONE 'YES' <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>				→ 912
911	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby? <i>Ewōr ke uno ko im juon doctor ak nurse emaroñ lelok ñan kōrā eo im ewor nañinmej in AIDS ib b en ñan jib añ kaddiklok an naj nañinmej in etal nan niñniñ eo?</i>	YES .....	1			
		NO .....	2			
		DONT KNOW .....	8			





NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
921	When was the last time you were tested for the AIDS virus? <i>Naateo eliktata kwar kakölköl ak teej ñan kab b ok nañinmej in AIDS?</i>	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3	→ 929
922	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus? <i>Ijjab kõnaan jela kin walok ak jemlok eo, ak emöj ke am kakölköl ak teej ñan lale ewör ke nañinmej in AIDS ib b am?</i>	YES ..... 1 NO ..... 2	→ 927
923	When was the last time you were tested? <i>Naateo kwar kakölköl ak teej ñan kab b ok nañinmej in AIDS eliktata?</i>	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3	
924	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? <i>I lo ien kakölköl ak teej eo am eliktata, kwe make kwar kajitök ñan teej in ke, ewör en ear tilmaake wajim kwar b öke ke, emenin aikuji b we kwön b öke?</i>	ASKED FOR THE TEST ..... 1 OFFERED AND ACCEPTED ..... 2 REQUIRED ..... 3	
925	Did you receive counselling with the results of your AIDS test? <i>Ewör ke naan in kakipilöklök ko kar lewoj ñan eok ib ben kar töb rak ak jemlokin teejak kakölköl eo am?</i>	YES ..... 1 NO ..... 2	
926	Where was the test done? <i>Ia eo kakölköl in ear kömman ie?</i>  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	GOVERNMENT MEDICAL FACILITY MAJURO HOSPITAL ..... 11 EBEY E HOSPITAL ..... 12  OUTER ISLAND HEALTH CENTER/DISPENSARY ..... 13 MOBILE CLINIC ..... 14 PRIVATE MEDICAL FACILITY ..... 21 OVERSEAS ..... 31  OTHER _____ 96 (SPECIFY)	→ 929
927	Do you know of a place where people can go to get tested for the AIDS virus? <i>Kwöjela ke ia eo im armej remaroñ etal im kakölköl ak teej ñan lale ewör ke nañinmej in AIDS?</i>	YES ..... 1 NO ..... 2	→ 929
928	Where is that? <i>Ia in jikin in eb bed ie?</i>  Any other place? <i>Ebar wör ke jikin?</i>  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF HEALTH FACILITY IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	GOVERNMENT MEDICAL FACILITY MAJURO HOSPITAL ..... A EBEY E HOSPITAL ..... B  OUTER ISLAND HEALTH CENTER/DISPENSARY ..... C MOBILE CLINIC ..... D PRIVATE MEDICAL FACILITY ..... E OVERSEAS ..... F  OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
929	What in your opinion is the best way to raise awareness and discuss HIV/AIDS to the people?  <i>I lo am lemnak, wāwein ta eo emōntata ñan kalaplok jelaokjen an armej im wāwein ta eo emōntata nan kenono ib b en armej kin nañinmej in HIV/AIDS?</i>	THROUGH RADIO PROGRAMS ..... 1 TELEVISION PROGRAMS ..... 2 COMMUNITY SEMINARS/MEETINGS ..... 3 NEW LETTERS/BOOKLETS/ READING MATERIALS IN LOCAL/ ENGLISH LANGUAGES ..... 4 PRIVATE/INDIVIDUAL COUNSELLING SESSIONS ..... 5 OTHER ..... 6 (SPECIFY) DONT KNOW ..... 8	
930	Who of the following do you think is the best person to talk and discuss AIDS/HIV to the people? health workers, teachers, pastors/clergyment, community leader, clan leader, politicians, etc? <i>I lo am lemnak, wōn eo ekkar tata im jimwe b we en kenono im koonjel e armej ro kin nañinmej in AIDS/HIV?</i> <i>Ri-jerb al in jikin Ejmour eo ke, ri-kaki in jikuul ko ke, ri-kaki in kab uñ ko ke, ri-tel ro an jujuk in b ed ko ke, ri-tel ro ilo Kien eo ke, wōn?</i>	HEALTHWORKERS ..... 1 TEACHERS ..... 2 PASTORS/CLERGY MEN ..... 3 COMMUNITY LEADER ..... 4 CLAN LEADERS ..... 5 POLITICIANS ..... 6 OTHERS ..... 96 (SPECIFY) DONT KNOW ..... 98	
931	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus? <i>Komaroñ ke wia vegetab le ko jen ri-wia kake eo elañe ewor am jela ke armej in ewor nañinmej in AIDS ib b en?</i>	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
932	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not? <i>Elañe juon uwaan b amle eo am eb b òk nañinmej in AIDS, kwōnaaj kōnaan b we en etño ke jab ?</i>	YES, REMAIN A SECRET ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
933	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household? <i>Elañe juon uwaan b amle eo am eb b òk nañinmej in AIDS, kwōnaaj ke mōnōnō in lale im kau ki ilo imweo mōm?</i>	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
934	In your opinion, if a female teacher has the AIDS virus is not sick, should she be allowed to continue teaching in the school? <i>I lo am lemnak, juon kōrā eo ej ri-kaki im ewor nañinmej in AIDS ib b en ak ejmourur im ejjab nañinmej, en melim ke an wōnmanlok wōt im ri-kaki ilo jikin jikuul eo?</i>	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
935	Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have the AIDS virus? <i>I umin alloñ ko 12 rej jemlok, ewor ke armej en kwōjela kajeñ im rar kaarmejjete ilo an kab b ok jib añ ilo imōn doctor ko tok wōt jen ekōljake ko ñe ewor nañinmej in AIDS ib b en?</i>	YES ..... 1 NO ..... 2 DK ANY ONE WITH AIDS ..... 3	→ 940
936	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she has or is suspected to have the AIDS virus? <i>I umin alloñ ko 12 rej jemlok, ewor ke armej en kwōjela kajeñ im kar kaarmejjete ilo an kajeor b ed ilo makitkit ko an jujuk in b ed eo ak makitkit ko an kab uñ ak makitkit ko jet tok wōt jen ekōljake ko ñe ewor naniñmej in AIDS ib b en?</i>	YES ..... 1 NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
937	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she has or is suspected to have the AIDS virus? <i>I umin alloñ ko 12 rej jemlok, ewör ke armejen kwöjela kajen im emöj aer kajooke ak kakitöñ ki itok wötjen eköjake ko ne ewör nañinmej in AIDS ib b en?</i>	YES ..... 1 NO ..... 2	
938	CHECK 935, 936, AND 937: NOT A SINGLE YES <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/>		940
939	Do you personally know someone who has or is suspected to have the AIDS virus? <i>Ewör ke armejen kwöjela kajen im ewör ak rej eköjake ke ewör nañinmej in AIDS ib b en?</i>	YES ..... 1 NO ..... 2	
940	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves. <i>Kwöj erre ke jab erre ilo enaan in: Armej ro im ewör nañinmej in AIDS ib b eir rej aikuij jook kiner make.</i>	AGREE ..... 1 DISAGREE ..... 2 DONT KNOW/NO OPINION ..... 8	
941	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community. <i>Kwöj erre ke jab erre ilo enaan in: Naruon armej ro im ewör nañinmej in AIDS kin aer b oktok nañinmej in ñan jukjuk in b ed in?</i>	AGREE ..... 1 DISAGREE ..... 2 DONT KNOW/NO OPINION ..... 8	
942	Should children age 12-14 be taught about using a condom to avoid getting AIDS? <i>Ajiri ro 12 ñan 14 yio drettaer rej aikuij ke ekatak kilen köjerb al condom ak rob a ko ñan b öb rae aer b ök nañinmej in AIDS?</i>	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
943	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting AIDS? <i>Ajiri ro 12 ñan 14 yio drettaer rej aikuij ke katak b we ren köttar mae ien emöj aer marre im ion ak b ab u ib b en b arjuon armej ak mour in b elele ñan jib añ b öb rae aer b ök nañinmej in AIDS?</i>	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
944	CHECK 901: HEARD ABOUT AIDS <input type="checkbox"/> NOT HEARD ABOUT AIDS <input type="checkbox"/> Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? <i>Ijelokin AIDS, konañin ke b ar roñ kin nañinmej ko jetim komaroñ b öki ilo am ion ak b ab u ib b en armej ak nañinmej ko an jiron im likao?</i> Have you heard about infections that can be transmitted through sexual contact? <i>Emöj ke am roñ kin nañinmej ko jetim rej ajeeded ilo an juon armej ion ak b ab u ib b en ib b en b arjuon ak nañinmej ko an jiron im likao?</i>	YES ..... 1 NO ..... 2	
945	CHECK 610: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		953
946	CHECK 944: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		948

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
947	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? <i>Kiio ikōnaan kajitōkin eok jet kajitōk kin ejmour eo am iumin alloñ ko 12 rej jemlok. Ilo alloñ ko 12 rej jemlok, kwar ke b ok nahinmej ko an jiron im likao?</i>	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
948	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge? <i>Jet ien ej tor ak driwoj tok jet dren waan im ewōr nam nana ie jen kōrā ro. Ilo alloñ ko 12 rej jemlok, enañin ke tor ak driwoj tok dren waanko ewōr nam nana ie jen kwe?</i>	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
949	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer? <i>Jet ien ej walok ak eddrek kinej ak aljer (drekkā lal) ib b en kōrā ro. Ilo alloñ ko 12 rej jemlok, ekkar ke walok ak eddrek kinej ko ak aljer (drekkā lal) ib b am?</i>	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
950	CHECK 947, 948, AND 949: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		953
951	The last time you had (PROBLEM FROM 947/948/949), did you seek any kind of advice or treatment? <i>Ilo ien eo eliktata in am ion (PROBLEM KO ILO 947/948/949), kwar ke kab b ok jab rewōt kain jib añ ko ikjen kakipilōkiōk ak uno ko?</i>	YES ..... 1 NO ..... 2	953
952	Where did you go? <i>Ia eo kwar etal im kab b ok jib añ ie?</i>  Any other place? <i>Ebar ke wōr jikin?</i>  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF HEALTH FACILITY IS PUBLIC OR PRIVATE, WRITE THE NAME OF THE PLACE.  (NAME OF PLACE(S))	GOVERNMENT MEDICAL FACILITY MAJURO HOSPITAL ..... A EBEY E HOSPITAL ..... B OUTER ISLAND HEALTH CENTER/DISPENSARY ..... C MOBILE CLINIC ..... D PRIVATE MEDICAL FACILITY ..... E OTHER SOURCE SHOP ..... F FRIEND/RELATIVE ..... G OTHER ..... X (SPECIFY)	
953	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A PARTNER <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		1001
954	Can you say no to your husband/partner if you do not want to have sexual intercourse? <i>Komarōñ ke jiron lok leo b elele/mōttam im b a jab elañe kwōjjab kōnaan ion ak b ab u ib b en?</i>	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 8	
955	Could you ask your husband/partner to use a condom if you wanted him to? <i>Komarōñ ke kajitōk ib b en leo b elele/mōttam b we en kōjerb al rob a ak condom elañe kwōjjab kōnaan b we en kōjerbale?</i>	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 8	

**SECTION 10. OTHER HEALTH ISSUES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Have you ever heard of an illness called tuberculosis or TB? <i>Konañin ke roñ kin nañinmej in tuberculosis ak TB?</i>	YES ..... 1 NO ..... 2	→ 1005
1002	How does tuberculosis spread from one person to another? <i>Ewi wāwein an TB ajeeded jen armej ñan armej?</i>  PROBE: Anyother ways? <i>Ebar ke wōr?</i>  RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A THROUGH SHARING UTENSILS ... B THROUGH TOUCHING A PERSON WITH TB ..... C THROUGH FOOD ..... D THROUGH SEXUAL CONTACT ..... E THROUGH MOSQUITO BITES ..... F  OTHER ..... X (SPECIFY) DONT KNOW ..... Z	
1003	Can tuberculosis be cured? <i>Ewōr ke unokan TB?</i>	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
1004	If a member of your family got tuberculosis, would you want it to remain a secret or not? <i>Elañe ewōr juon uwaan b amle eo am eb òk nañinmej in TB, kwōnaj kōnaan ke b we en etño ke jab?</i>	YES, REMAIN A SECRET ..... 1 NO ..... 2 DONT KNOW/NOT SURE/ DEPENDS ..... 8	
1005	Now I would like to talk to you about the disease called cancer. Do you know what cancer is? <i>Kiio ikōnaan kenono ib b am kin nañinmej in cancer. kwōjela ke ta in cancer?</i>	YES ..... 1 NO ..... 2	→ 1014
1006	What different types of cancer do you know? <i>Kain cancer rōtko kwōjela kaki?</i>  Anyother type? <i>Ebar ke wōr kain?</i>  RECORD ALL MENTIONED.	CANCER OF THE: BRAIN ..... A EYE/NOSE ..... B MOUTH/THROAT ..... C THYROID ..... D LUNG ..... E BREAST ..... F STOMACH/INTESTINE/LIVER ..... G OVARY/CERVIX ..... H PROSTATE ..... I SKIN ..... J  OTHER ..... X (SPECIFY) DONT KNOW ..... Z	
1007	In your opinion, how does a person get cancer? <i>Ilo am lemnak, ewi wāwein an juon armej b òk nañinmej cancer?</i>  PROBE: Anyother ways? <i>Ebar ke wōr?</i>  RECORD ALL MENTIONED.	THROUGH GENES/HEREDITARY ... A THROUGH RADIATION/ RADIOACTIVE MATERIAL ..... B THROUGH SMOKING/CHEWING BETEL NUTS ..... C THROUGH TOXIC CHEMICALS/ INSECTICIDES/PESTICIDES/ FERTILIZERS ..... D THROUGH ULTRAVIOLET RAYS ... E THROUGH POLLUTED AIR ..... F THROUGH BURNT FOOD ..... G THROUGH PROCESSED/JUNK FOOD.. H  OTHER ..... X (SPECIFY) DONT KNOW ..... Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1008	Can cancer be cured? <i>Ewör ke unokan cancer?</i>	YES ..... 1 NO ..... 2 DEPENDS/SOMETIMES ..... 3 DONT KNOW ..... 8	
1009	Have you ever had a physical check up for cancer? <i>Konañin ke jããk ak kakölköl ñan kab b ok cancer?</i>	YES ..... 1 NO ..... 2	→ 1011
1010	Do you know where to go for physical check up for cervical and breast cancer? <i>Kwøjela ke ia eo Kwøj etal ñane ñan kakölköl ñan lale ewör ke nañinmej in cancer ilo jikin niñniñ eo im itt_tko?</i>	YES ..... 1 NO ..... 2	
1011	Do you plan to go for (another) cancer check up? <i>Kwøj lemnak in ke (b ar) etal in jããk ñan cancer?</i>	YES ..... 1 NO ..... 2	→ 1013
1012	Why? <i>Eb ajet?</i>	SUSPECT TO HAVE CANCER/ FEEL SICK ..... A GOOD TO KNOW/PEACE OF MIND ..... B RUNS IN THE FAMILY ..... C OTHER ..... X (SPECIFY)	→ 1014
1013	Why not? <i>Eb ajet ke kwøj jab lemnak in?</i>	NO NEED/BELIEVE WONT GET CANCER ..... A DO NOT FEEL SICK ..... B SCARED/DOESNT WANT TO KNOW THE RESULT ..... C CANNOT AFFORD/EXPENSIVE ..... D NO TRANSPORTATION ..... E DONT KNOW WHERE TO GO FOR CHECK UP ..... F AFRAID/SHY TO GO FOR CHECK-UP ..... G OTHER ..... X (SPECIFY)	
1014	Have you ever had a pap smear? <i>Konañin ke b ök teej in kakölköl ko an kōrã ñan lale ewör ke nañinmej in cancer ilo jikin niñniñ eo?</i>	YES ..... 1 NO ..... 2 DONT KNOW PAP SMEAR ..... 8	→ 1018
1015	When was your last pap smear? <i>Ñããteo eliktata in am kar kakölköl in kōrã ñan lale ewör ke nañinmej in cancer ilo jikin niñniñ eo?</i>	LAST WEEK ..... 1 LAST MONTH ..... 2 SIX MONTHS AGO ..... 3 1-2 YEARS AGO ..... 4 3 OR MORE YEARS AGO ..... 5 DONT KNOW ..... 8	
1016	Do you know the result of the test? <i>Kwøjela ke jemlok in kar testeo?</i>	YES ..... 1 NO ..... 2 STILL BEING PROCESSED ..... 3	
1017	Do you know how to examine your breast for breast lump? <i>Kwøjela ke kakölköl itt_m make ñan kab b ok eb b oj?</i>	YES ..... 1 NO ..... 2 DONT KNOW/UNSURE ..... 8	
1018	Have you ever had a mammography examination? <i>Konañin ke b ök teej in kakölköl ko ñan kab b ok cancer ak eb b öj ko ilo itt_n kōrã?</i>	YES ..... 1 NO ..... 2 DONT KNOW MAMMOGRAPHY ..... 8	→ 1020



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
1019	Do you know the result of the test? <i>Kwōjela ke jemlokin testeo?</i>	YES ..... 1		
		NO ..... 2		
		STILL BEING PROCESSED ..... 3		
1020	Do you currently chew betel nut? <i>Kwōj ke meme b etel nut?</i>	YES ..... 1		
		NO ..... 2		→ 1022
1021	In the last 24 hours, how many betel nuts did you chew? <i>I loan 24 awa ko rej jemlok, jete b etel nuteo emōj am me?</i>	BETEL NUTS ..... <input type="text"/>		
1022	Are you aware that betel nut chewing is associated with cancer of the mouth? <i>Ewōr ke am jela ke meme b etel nutej mōttan wōt cancer in loñi?</i>	YES ..... 1		
		NO ..... 2		
1023	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? <i>Eloñ wāwein ko im rej b ob rae an kōrā ro eb b ōk jib añ ko einwōt kakipilōklōk ko ak uno ko jen jikin doctor ko.</i> <i>Elañe kwōj nañinmej im kwōj kōnaan etal im doctor, kwōj ab añ ak aparoro ke jab ilo wāwein kein?</i>		BIG NOT A BIG PROB- PROB- LEM LEM	
	Getting permission to go? <i>Melim ñan am etal?</i>	PERMISSION TO GO ... 1	2	
	Getting money needed for treatment? <i>Elolo wōnen uno ak doctor?</i>	GETTING MONEY ..... 1	2	
	The distance to the health facility? <i>Etlok in jikin doctor eo?</i>	DISTANCE ..... 1	2	
	Having to take transport? <i>Aikuji in kab bok ial?</i>	TAKING TRANSPORT ... 1	2	
	Not wanting to go alone? <i>Jab kōnaan etal make iam?</i>	GO ALONE ..... 1	2	
	Concern that there may not be a female health provider? <i>I neb ata ñe ejelok kōrā ilo jikin doctor en?</i>	NO FEMALE PROV. ... 1	2	
	Concern that there may not be any health provider? <i>I neb ata ñe ejelok doctor?</i>	NO PROVIDER ... 1	2	
	Concern that there may be no drugs available? <i>I neb ata ñe ejelok ak emāāt uno?</i>	NO DRUGS ... 1	2	
1024	Are you covered by any health insurance? <i>Ewōr ke am health insurance ak jāān in jortoklik eo im enaj jib añ kōllaik wōnen am doctor?</i>	YES ..... 1		
		NO ..... 2		→ 1100
1025	What type of health insurance? <i>Kain health insurance ak jāān in jortoklik rōtin?</i>  RECORD ALL MENTIONED.	HEALTH INSURANCE THROUGH EMPLOYER ..... A SOCIAL SECURITY ..... B SUPPLEMENT INSURANCE, PRIVATELY PURCHASED FROM PUBLIC HEALTH INSURANCE ..... C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. D  OTHER (SPECIFY) X		



SECTION 11. DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1100	CHECK HOUSEHOLD QUESTIONNAIRE, Q. 333. WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> WOMAN NOT SELECTED <input type="checkbox"/>		1134																												
1101	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED ..... 1 ↓ PRIVACY NOT POSSIBLE ..... 2 →		1133																												
	<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in the Marshall Islands. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.</p> <p><i>Inaj kōnaan kajitōk ibbam jet kajitōk ko im raorōk im rej jeoklok wōt mour ko an juon kōrā ilo jukjuk in bed in. Jet ian kajitōk kein ebwe aier mulal im rebakbak bwe rej jelet wōt mour ko an juon kōrā. Ak uak ko am elap aer aorōk bwe renaj jibañ i-kien ro melele kin wāwein mour an juon kōrā ilo aelon kein. Ij jiroñ eok ke uak ko am renaj bed wōt ilo tinwadik im ejelok enaj bwebwenato kin uak kein am nan jabrewōt im ejelok en enaj jela ke kem ar kajitōkin eok kain kajitōk rōt kein.</i></p>																														
1102	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> (READ IN PAST TENSE)																														
1103	<p>First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner?</p> <p><i>Kiō inaj kajitōkin eok kin jet jorāan ko im rej walok ñan jet kōrā. Jouj im kalkar tok elañe men kein rej bar walok ilo bed eo am kiō ak kar bed ko am maanlok - leo belele ak kar leo belele.</i></p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men? <i>Ej ak ekkein ebanban ak ilu elañe kwōj/kwar kenaan ibben bar juon emmaan?</i></p> <p>b) He frequently (accuses/accused) you of being unfaithful? <i>Ekkā an nae ruom kin am jab mol nañe?</i></p> <p>c) He (does/did) not permit you to meet your female friends? <i>Ejab kōtlok am ion kōrā ro mōttam?</i></p> <p>d) He (tries/tried) to limit your contact with your family? <i>Ej kōmman jōñan am kenono ak etal ibben bamle eo am?</i></p> <p>e) He (insists/insisted) on knowing where you (are/were) at all times? <i>Ej akwelap bwe en jela ia kwōj/kwar bed ie aolep ien?</i></p> <p>f) He (does/did) not trust you with any money? <i>Ejelok an lōke eok kin jāān?</i></p>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>JEALOUS .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ACCUSES .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NOT MEET FRIENDS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NO FAMILY .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>WHERE YOU ARE ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>MONEY .....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	JEALOUS .....	1	2	8	ACCUSES .....	1	2	8	NOT MEET FRIENDS	1	2	8	NO FAMILY .....	1	2	8	WHERE YOU ARE ...	1	2	8	MONEY .....	1	2	8	
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1104	<p>Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband/partner. If we should come to any question that you do not want to answer, just let me know and we will go on to the next question.</p> <p><i>Kiiō elañe kwōj mōnōnō in kōtlok wōt ien in, inaj bar kajitōk jet kajitōk ikijen bed eo amiro ak kar bed eo am. Bōtap, elañe kejro tōbar jet kajitōk ko im kwōjjab kōnaan uaki, jouij im kalikar tok bwe kejro en wōnmanlok ñan kajitōk ko jet.</i></p> <p>A (Does/did) your (last) husband/partner ever: <i>Leo belele ak kar leo belele enañin ke kar:</i></p>	<p>B</p> <div><div>CHECK 603: ASK ONLY IF RESPONDENT IS NOT A WIDOW</div><p>How often did this happen during the last 12 months: often, only sometimes, or not at all?</p></div>																																				
	<p>a) say or do something to humiliate you in front of others? <i>kenono ak kōmman jabrewōt ñan kajook eok imaan ro jet?</i></p> <p>b) threaten to hurt or harm you or someone close to you? <i>kamijak in kemetak eok ak kamijak in kemetak juon eo ebāāke eok im ejitōnboro ibbam?</i></p> <p>c) insult you or make you feel bad about yourself? <i>kajirere kake eok ak kōmman bwe en nana am mour kin kwe make?</i></p>	<table><tr><th></th><th></th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT AT ALL</th></tr><tr><td>YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr><tr><td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr><tr><td>YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr><tr><td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr><tr><td>YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr><tr><td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr></table>			OFTEN	SOME-TIMES	NOT AT ALL	YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				
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1105	<p>A (Does/did) your (last) husband/partner ever do any of the following things to you: <i>Leo belele ak kar leo belele enaŋin ke kar.</i></p>	<p>B <b>CHECK 603: ASK ONLY IF RESPONDENT IS NOT A WIDOW</b> How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th><th></th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT AT ALL</th></tr> </thead> <tbody> <tr> <td>a) push you, shake you, or throw something at you? <i>jipellok eok, imuk eok ak kad eok?</i></td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b) slap you? <i>jeptake eok?</i></td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>c) twist your arm or pull your hair? <i>iŋ__t beim ak kannek kolon bōram?</i></td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>d) punch you with his fist or with something that could hurt you? <i>baiti eok kin bein ak kin juon men eo emaroŋ kemetak ak kōmman joraaŋ ŋan eok?</i></td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>e) kick you, drag you or beat you up? <i>Juuj eok, iber eok ilo am jjet lai, ak man eok im kwōj joraaŋ?</i></td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>f) try to choke you or burn you on purpose? <i>kuul burom ak tile eok?</i></td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>g) threaten or attack you with a knife, gun, or any other weapon? <i>Kamjak ak tōn man eok kin bakbōk, bu ak jabrewōt kein ire in joraaŋ ko?</i></td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>h) physically force you to have sexual intercourse with him even when you did not want to? <i>kōjerbal an maroŋ im kōmakokoik eok bwe kwōn babu jpen jekdon ŋe kwōj jab kōnaan?</i></td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>i) force you to perform any sexual acts you did not want to? <i>kōmakoko eok bwe kwōn kōmmani jet men ko kwōjab kōnaan ilo am babu ibben?</i></td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>			OFTEN	SOME-TIMES	NOT AT ALL	a) push you, shake you, or throw something at you? <i>jipellok eok, imuk eok ak kad eok?</i>	YES 1 → NO 2 ↓	1	2	3	b) slap you? <i>jeptake eok?</i>	YES 1 → NO 2 ↓	1	2	3	c) twist your arm or pull your hair? <i>iŋ__t beim ak kannek kolon bōram?</i>	YES 1 → NO 2 ↓	1	2	3	d) punch you with his fist or with something that could hurt you? <i>baiti eok kin bein ak kin juon men eo emaroŋ kemetak ak kōmman joraaŋ ŋan eok?</i>	YES 1 → NO 2 ↓	1	2	3	e) kick you, drag you or beat you up? <i>Juuj eok, iber eok ilo am jjet lai, ak man eok im kwōj joraaŋ?</i>	YES 1 → NO 2 ↓	1	2	3	f) try to choke you or burn you on purpose? <i>kuul burom ak tile eok?</i>	YES 1 → NO 2 ↓	1	2	3	g) threaten or attack you with a knife, gun, or any other weapon? <i>Kamjak ak tōn man eok kin bakbōk, bu ak jabrewōt kein ire in joraaŋ ko?</i>	YES 1 → NO 2 ↓	1	2	3	h) physically force you to have sexual intercourse with him even when you did not want to? <i>kōjerbal an maroŋ im kōmakokoik eok bwe kwōn babu jpen jekdon ŋe kwōj jab kōnaan?</i>	YES 1 → NO 2 ↓	1	2	3	i) force you to perform any sexual acts you did not want to? <i>kōmakoko eok bwe kwōn kōmmani jet men ko kwōjab kōnaan ilo am babu ibben?</i>	YES 1 → NO 2 ↓	1	2	3	
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1106	<p>CHECK 1105A (a-i):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/></p>		1109																																																		
1107	<p>How long after you first got married to/started living with your (last) husband/partner did (this/any of these things) first happen? <i>Ewi aitokan jen kar ien eo kwar jino koba ak jokwe ibben leo belele ak kar leo belele innem menin joraaŋ kein ejino aer walok?</i></p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS ..... <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER ..... 95</p>																																																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1108	<p>Did the following ever happen as a result of what your (last) husband/partner did to you:  <i>Men kein renañin ke kar walok ak bed ibbam itok wõt jen an leo belele ak kar leo belele kōmmani ñan eok?</i></p> <p>a) You had cuts, bruises or aches?  <i>Kwar ikinejeñ, mao, ak ewōr ebbōj ak metak ko?</i></p> <p>b) You had eye injuries, sprains, dislocations, or bums?  <i>Jorraan in mej, iñrōk ak ir ilo ri, ak bwil ilo enbwinnim?</i></p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?  <i>kinej mulal ak elap, bulok ñim, ak bar jet jorraan ko relap?</i></p>	<p>YES ..... 1  NO ..... 2</p> <p>YES ..... 1  NO ..... 2</p> <p>YES ..... 1  NO ..... 2</p>	
1109	<p>Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband/partner at times when he was not already beating or physically hurting you?  <i>Emōj ke am kar jeptake, juuj ak kōmman jabrewōt ñan kemetak ak kejjorraan leo belele ak kar leo belele ilo ien ko im ejab kjoñ man ak kemetak eok?</i></p>	<p>YES ..... 1  NO ..... 2</p>	→ 1112
1110	<p>CHECK 603:</p> <p>RESPONDENT IS <input type="checkbox"/> NOT A WIDOW</p> <p>RESPONDENT IS <input type="checkbox"/> A WIDOW</p>		→ 1112
1111	<p>In the last 12 months, how often have you done this to your husband/partner: often, only sometimes, or not at all?  <i>Ilo alloñ ko 12 rej jemlok, ewi joñan emakijij in am kōmman eindrein ñan leo belele ak kar leo belele ak eo mōttam: ekutkut ke, jet wõt ien ke, kwōjañin kar kōmman wāwein kein?</i></p>	<p>OFTEN ..... 1  SOMETIMES ..... 2  NOT AT ALL ..... 3</p>	
1112	<p>Does (did) your husband/partner drink alcohol?  <i>Leo belele ak mōttam ej ke bōk dren in kadrek?</i></p>	<p>YES ..... 1  NO ..... 2</p>	→ 1114
1113	<p>How often does (did) he get drunk: often, only sometimes, or never?  <i>Ewi emakijij in an kadrek: ekutkut ke, jet wõt ien ke, ejañin?</i></p>	<p>OFTEN ..... 1  SOMETIMES ..... 2  NEVER ..... 3</p>	
1114	<p>From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically?  <i>Jen ien eo ekkar 15 am yio, enañin ke kar wōr en ijebokin leo belele/mōttam ak kar leo belele/mōttam ekkar baiñ, jeptake, juuj ak kōmman men ko jet ñan kemetak ak kejjorraan eok?</i></p>	<p>YES ..... 1  NO ..... 2  REFUSED TO ANSWER/  NO ANSWER ..... 3</p>	→ 1117
1115	<p>Who has hurt you in this way?  <i>Wōn eo ear kōmman eindrein ñan eok?</i></p> <p>Anyone else?  <i>Ebar ke wōr?</i></p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER ..... A  FATHER/STEP-FATHER ..... B  SISTER/BROTHER ..... C  DAUGHTER/SON ..... D  OTHER RELATIVE ..... E  FORMER HUSBAND/PARTNER ..... F  CURRENT BOYFRIEND ..... G  FORMER BOYFRIEND ..... H  MOTHER-IN-LAW ..... I  FATHER-IN-LAW ..... J  OTHER IN-LAW ..... K  TEACHER ..... L  EMPLOYER/SOMEONE AT WORK ..... M  POLICE/SOLDIER ..... N</p> <p>OTHER ..... X  (SPECIFY) _____</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1116	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all? <i>Ilo aloñ ko 12 ro rej jemlok, ewi emakñij in an amej in/rein jeptake, juuji, kemetak ak kejprraan eok: ekutkut ke, jet ien ke, ak ejañin/rejañin kar?</i>	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3	
1117	CHECK 201, 226, AND 229:  EVER BEEN PREGNANT (YES ON 201 OR 226 OR 229) <input type="checkbox"/> NEVER BEEN PREGNANT <input type="checkbox"/>		→ 1120
1118	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant? <i>Enañin ke wõr en enañin jeptake eok ak juuj eok ak kõmman jabrewõt ñan kometak ak kejprraan eok ilo ien am bõroro?</i>	YES ..... 1 NO ..... 2	→ 1120
1119	Who has done any of these things to physically hurt you while you were pregnant?  <i>Wõn eo ear kõmmane wãwein kein ñan kemetak ak kejprraan eok ilo ien am kar bõroro?</i>  Anyone else?  <i>Ebar ke wõr?</i>  RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER ..... A MOTHER/STEP-MOTHER ..... B FATHER/STEP-FATHER ..... C SISTER/BROTHER ..... D DAUGHTER/SON ..... E OTHER RELATIVE ..... F FORMER HUSBAND/PARTNER ..... G CURRENT BOYFRIEND ..... H FORMER BOYFRIEND ..... I MOTHER-IN-LAW ..... J FATHER-IN-LAW ..... K OTHER IN-LAW ..... L TEACHER ..... M EMPLOYER/SOMEONE AT WORK ..... N POLICE/SOLDIER ..... O  OTHER ..... X (SPECIFY) _____	
1120	The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will? <i>Ilo kar ien eo jinoin am bed ibben ak ion amej, komaroñ ke ba ke kar am kõnaan eo make ke rar kõjerbal aer maroñ ñan kõmakokoik eok jekdron ñe ejab am kõnaan?</i>	WANTED TO ..... 1 FORCED TO ..... 2 REFUSED TO ANSWER/ NO RESPONSE ..... 3	
1121	In the last 12 months, has anyone other than your (current/last) husband/partner forced you to have sexual intercourse against your will?  <i>Ilo kar aloñ ko 12 rej jemlok, ewõr ke ijelokin leo belele/mõttam ak kar leo belele/mõttam ekar kõjerbal maroñ ñan komakokoik eok bwe kwõn babu ibben ilo am jab kõnaan?</i>	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	
1122	CHECK 1120 AND 1121:  1120 = '1' OR '3' <input type="checkbox"/> AND 1121 = '2' OR '3' <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 1127
1123	CHECK 1105(h) and 1105(i):  1105(h) IS NOT '1' <input type="checkbox"/> AND 1105(i) IS NOT '1' <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 1128
1124	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts? <i>Ilo jabrewõt ien ilo mour eo am, einwõt juon ajiri ak r_tto enañin ke wõr en enañin kõjerbal maroñ im komakokoik eok ilo jabrewõt wãwein bwe kwõn babu ak bed ibben?</i>	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	→ 1128

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1125	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts? <i>Ewi drettam ilo tōre eo moktala ke ewōr en ear kōjerbal maroñ ñan komakokoik eok bwe kwōn babu ak bed ibben?</i>	AGE IN COMPLETED YEARS ... <input type="text"/> DON = TKNOW ..... 98	
1126	Who was the person who was forcing you at that time? <i>Wōn armejin ear kōjerbal maroñ ñan kōmakoko eok bwe kwōn babu ak bed ibben?</i>	CURRENT HUSBAND/PARTNER ..... 01 FORMER HUSBAND/PARTNER ..... 02 CURRENT/FORMER BOYFRIEND ..... 03 FATHER ..... 04 STEP FATHER ..... 05 OTHER RELATIVE ..... 06 IN-LAW ..... 07 OWN FRIEND/ACQUAINTANCE ..... 08 FAMILY FRIEND ..... 09 TEACHER ..... 10 EMPLOYER/SOMEONE AT WORK ..... 11 POLICE/SOLDIER ..... 12 PRIEST/RELIGIOUS LEADER ..... 13 STRANGER ..... 14 OTHER ..... 96 (SPECIFY)	
1127	CHECK 1105A (a-i), 1114, 1118, 1121 AND 1124:  AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		→ 1131
1128	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again? <i>Ilo am lemnak kin wāwein kein im jar kenono kake im emōj aer walok ñan eok ak emōj am ioni, konañin ke kar kajeoñ bukot jibañ ñan kabōj rak ak bōbrae an armejin in kōmmāni wāwein kein ñan eok?</i>	YES ..... 1 NO ..... 2	→ 1130
1129	From whom have you sought help? <i>la eo kwar kabbok jibañ jene?</i>  Anyone else? <i>Ebar ke wōr?</i>  RECORD ALL MENTIONED.	OWN FAMILY ..... A HUSBAND/PARTNER'S FAMILY ..... B CURRENT/LAST/LATE HUSBAND/PARTNER ..... C CURRENT/FORMER BOYFRIEND ..... D FRIEND ..... E NEIGHBOR ..... F RELIGIOUS LEADER ..... G DOCTOR/MEDICAL PERSONNEL ..... H POLICE ..... I LAWYER ..... J SOCIAL SERVICE ORGANIZATION ..... K OTHER ..... X (SPECIFY)	→ 1131
1130	Have you ever told any one else about this? <i>Konañin ke kajeoñ jiroñ lok bar juon armejin kin wāwein in kein?</i>	YES ..... 1 NO ..... 2	
1131	As far as you know, did your father ever beat your mother? <i>Ilo am jela, emōj ke an iōllap eo jemōm man ak lelōk pein ñan lellap eo jinōm?</i>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

1132	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND .....	1	2	3	OTHER MALE ADULT .....	1	2	3	FEMALE ADULT .....	1	2	3
	YES ONCE	YES, MORE THAN ONCE	NO															
HUSBAND .....	1	2	3															
OTHER MALE ADULT .....	1	2	3															
FEMALE ADULT .....	1	2	3															
1133	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE   																	
1134	RECORD THE TIME.	HOUR ..... <input type="text"/> MINUTES ..... <input type="text"/>																

										<u>INTERVIEWER'S OBSERVATIONS</u>																			
TO BE FILLED IN AFTER COMPLETING INTERVIEW																													

COMMENTS ABOUT RESPONDENT:																																																																																																			
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[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

## INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.

ALL MONTHS SHOULD BE FILLED IN.

## INFORMATION TO BE CODED FOR EACH COLUMN

## BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

B BIRTHS

P PREGNANCIES

T TERMINATIONS

0 NO METHOD

1 FEMALE STERILIZATION

2 MALE STERILIZATION

3 PILL

4 INJECTABLES

5 IMPLANTS

6 CONDOM

7 RHYTHM METHOD

8 WITHDRAWAL

X OTHER

(SPECIFY)

	1 2	DEC	0 1		
	1 1	NOV	0 2		
	1 0	OCT	0 3		
	0 9	SEP	0 4		
2	0 8	AUG	0 5		2
0	0 7	JUL	0 6		0
0	0 6	JUN	0 7		0
7	0 5	MAY	0 8		7
	0 4	APR	0 9		
	0 3	MAR	1 0		
	0 2	FEB	1 1		
	0 1	JAN	1 2		
	1 2	DEC	1 3		
	1 1	NOV	1 4		
	1 0	OCT	1 5		
	0 9	SEP	1 6		
2	0 8	AUG	1 7		2
0	0 7	JUL	1 8		0
0	0 6	JUN	1 9		0
6	0 5	MAY	2 0		6
	0 4	APR	2 1		
	0 3	MAR	2 2		
	0 2	FEB	2 3		
	0 1	JAN	2 4		
	1 2	DEC	2 5		
	1 1	NOV	2 6		
	1 0	OCT	2 7		
	0 9	SEP	2 8		
2	0 8	AUG	2 9		2
0	0 7	JUL	3 0		0
0	0 6	JUN	3 1		0
5	0 5	MAY	3 2		5
	0 4	APR	3 3		
	0 3	MAR	3 4		
	0 2	FEB	3 5		
	0 1	JAN	3 6		
	1 2	DEC	3 7		
	1 1	NOV	3 8		
	1 0	OCT	3 9		
	0 9	SEP	4 0		
2	0 8	AUG	4 1		2
0	0 7	JUL	4 2		0
0	0 6	JUN	4 3		0
4	0 5	MAY	4 4		4
	0 4	APR	4 5		
	0 3	MAR	4 6		
	0 2	FEB	4 7		
	0 1	JAN	4 8		
	1 2	DEC	4 9		
	1 1	NOV	5 0		
	1 0	OCT	5 1		
	0 9	SEP	5 2		
2	0 8	AUG	5 3		2
0	0 7	JUL	5 4		0
0	0 6	JUN	5 5		0
3	0 5	MAY	5 6		3
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	0 3	MAR	5 8		
	0 2	FEB	5 9		
	0 1	JAN	6 0		
	1 2	DEC	6 1		
	1 1	NOV	6 2		
	1 0	OCT	6 3		
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2	0 8	AUG	6 5		2
0	0 7	JUL	6 6		0
0	0 6	JUN	6 7		0
2	0 5	MAY	6 8		2
	0 4	APR	6 9		
	0 3	MAR	7 0		
	0 2	FEB	7 1		
	0 1	JAN	7 2		