APPENDIX F • Questionnaires

22 March 2007

GHANA MATERNAL MORTALITY SURVEY 2008
HOUSEHOLD QUESTIONNAIRE (PHASE I)

GHANA STATISTICAL SERVICE

IDENTIFICATION

LOCALITY NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . | | | |

STRUCTURE NUMBER . . . . . | | | |

HOUSEHOLD NUMBER . . . . . | | | |

REGION . . . . . | | |

DISTRICT . . . . . | | |

LARGE CITY/SMALL CITY/TOWN/RURAL . . . . . | |
(LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)

INTERVIEWER VISITS

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

*RESULT CODES:

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL DEATHS TO WOMEN AGE 12-49 | |

SUPERVISOR

NAME _____

DATE _____ | | | |

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

INTRODUCTION

Hello. My name is _____ and I am working with the Ghana Statistical Service. We are conducting a national survey that asks about some health issues. We would very much appreciate your participation in this survey. This information will help the government to improve health services. The survey will take just a few minutes to complete.

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

1	Please tell me how many persons live in this household	NUMBER OF PERSONS	
2	How many years have you lived in this house? IF LESS THAN ONE RECORD '00'	NUMBER OF YEARS	
3	How many children do you have? IF NONE RECORD '00'	NUMBER OF CHILDREN	
4	Has anyone in your household suffered from any health problems recently?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
5	Now I would like to ask you a few more questions about your household. Think back over the past 5 years. Has any member of your household died in the last 5 years?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8 → END	
6	ASK Qs.12-18 AS APPROPRIATE FOR EACH PERSON WHO DIED. IF THERE WERE MORE THAN 3 DEATHS, USE ADDITIONAL QUESTIONNAIRE(S).		

7	Please tell me the full name of the person. who died.	NAME _____	NAME _____	NAME _____	
8	Was (NAME) male or female?	MALE . . . . . 1 (GO TO Q.14) FEMALE 2	MALE . . . . . 1 (GO TO Q.14) FEMALE 2	MALE . . . . . 1 (GO TO Q.14) FEMALE 2	
9	How old was (NAME) when she died?	AGE	AGE	AGE	
10	CHECK 9: AGE OF PERSON AT DEATH	LESS THAN 12 OR AGE 50 AND ABOVE (GO TO Q.14) 12-49	LESS THAN 12 OR AGE 50 AND ABOVE (GO TO Q.14) 12-49	LESS THAN 12 OR AGE 50 AND ABOVE (GO TO Q.14) 12-49	
11	Was (NAME) pregnant when she died?	YES . . . . . 1 (GO TO Q.14) NO . . . . . 2 DK 8	YES . . . . . 1 (GO TO Q.14) NO . . . . . 2 DK 8	YES . . . . . 1 (GO TO Q.14) NO . . . . . 2 DK 8	
12	Did (NAME) die during childbirth?	YES . . . . . 1 (GO TO Q.14) NO . . . . . 2 DK 8	YES . . . . . 1 (GO TO Q.14) NO . . . . . 2 DK 8	YES . . . . . 1 (GO TO Q.14) NO . . . . . 2 DK 8	
13	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES . . . . . 1 (GO TO Q.14) NO . . . . . 2 DK 8	YES . . . . . 1 (GO TO Q.14) NO . . . . . 2 DK 8	YES . . . . . 1 (GO TO Q.14) NO . . . . . 2 DK 8	
14	Has any other member of your household died in the last five years?	YES . . . . . 1 (GO TO Q.7 IN NEXT COLUMN) NO . . . . . 2 DK 8	YES . . . . . 1 (GO TO Q.7 IN NEXT COLUMN) NO . . . . . 2 DK 8	YES . . . . . 1 (GO TO Q.7 IN NEXT COLUMN) NO . . . . . 2 DK 8	
15	CHECK Q.8 AND Q.9: FEMALE AGE 12-49 MALE ANY AGE OR FEMALE AGE 0-11 OR AGE 50+ → END				
16	We would like to get more information on the circumstances surrounding the deaths of women age 12-49 years so that the government can provide health services to help reduce these deaths. We will come back and talk with you about this (these) death (s) in a few months time.				
	INTERVIEWER'S COMMENTS				

6 September 2007

GHANA MATERNAL MORTALITY SURVEY 2007
HOUSEHOLD QUESTIONNAIRE (PHASE II)

GHANA STATISTICAL SERVICE

IDENTIFICATION

LOCALITY NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . [ ][ ][ ][ ]

STRUCTURE NUMBER . . . . . [ ][ ][ ]

HOUSEHOLD NUMBER . . . . . [ ][ ][ ]

REGION . . . . . [ ][ ]

DISTRICT . . . . . [ ][ ]

LARGE CITY/SMALL CITY/TOWN/RURAL . . . . . [ ]
(LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)

NAME AND LINE NUMBER OF RESPONDENT _____ [ ][ ]

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY [ ][ ]
				MONTH [ ][ ]
				YEAR 2007
INTERVIEWER'S NAME				INT. NUMBER [ ][ ][ ]
RESULT*				RESULT [ ]
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS [ ]
TIME				

*RESULT CODES:
1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL NUMBER IN HOUSEHOLD [ ]

TOTAL NUMBER OF WOMEN 15-49 [ ]

LANGUAGE OF QUESTIONNAIRE: 1 LANGUAGE OF INTERVIEW: [ ] LANGUAGE OF RESPONDENT [ ]

LANGUAGE CODES: ENGLISH = 1, AKAN = 2, GA = 3, EWE = 4, NZEMA = 5, DAGBANI = 6 OTHER = 7

TRANSLATOR USED: [ ]
(YES = 1, NO = 2)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	[ ][ ]	[ ][ ]
DATE _____ [ ][ ]	DATE _____ [ ][ ]		

HOUSEHOLD SCHEDULE

							IF AGE 10 OR OLDER	
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-8 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME'S) current marital status? 1 = CURRENTLY MARRIED/ LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED 8 = DON'T KNOW	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
01			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS		01
02			1 2	1 2	1 2			02
03			1 2	1 2	1 2			03
04			1 2	1 2	1 2			04
05			1 2	1 2	1 2			05
06			1 2	1 2	1 2			06
07			1 2	1 2	1 2			07
08			1 2	1 2	1 2			08
09			1 2	1 2	1 2			09
10			1 2	1 2	1 2			10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = BROTHER-IN-LAW OR SISTER-IN-LAW
10 = NIECE/NEPHEW
11 = CO-WIFE
12 = OTHER RELATIVE
13 = ADOPTED/FOSTER/STEPCHILD
14 = NOT RELATED
98 = DON'T KNOW

							IF AGE 10 OR OLDER	
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-23 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME'S) current marital status? 1 = CURRENTLY MARRIED/ LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED 8 = DON'T KNOW	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
			M F	Y N	Y N	IN YEARS		
11			1 2	1 2	1 2			11
12			1 2	1 2	1 2			12
13			1 2	1 2	1 2			13
14			1 2	1 2	1 2			14
15			1 2	1 2	1 2			15
16			1 2	1 2	1 2			16
17			1 2	1 2	1 2			17
18			1 2	1 2	1 2			18
19			1 2	1 2	1 2			19
20			1 2	1 2	1 2			20

TICK HERE IF CONTINUATION SHEET USED ☐

(2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES ☐ → ADD TO TABLE NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ☐ → ADD TO TABLE NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ☐ → ADD TO TABLE NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = BROTHER-IN-LAW OR SISTER-IN-LAW
10 = NIECE/NEPHEW
11 = CO-WIFE
12 = OTHER RELATIVE
13 = ADOPTED/FOSTER/ STEPCHILD
14 = NOT RELATED
98 = DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
10	What is the main source of drinking water for members of your household?	PIPED WATER 11 WATER FROM OPEN WELL OR BOREHOLE 21 WATER FROM COVERED WELL OR BOREHOLE 31 WATER FROM SPRING PROTECTED SPRING . . . . . 41 UNPROTECTED SPRING . . . . . 42 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CANAL) . . . . . 51 RAINWATER . . . . . 61 TANKER TRUCK . . . . . 71 BOTTLED/SACHET WATER . . . . . 81 OTHER _____ 96 (SPECIFY)	
11	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET 11 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (KVIP) 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 BUCKET/PAN TOILET . . . . . 41 NO FACILITY/BUSH/FIELD . . . . . 61 OTHER _____ 96	→ 13
12	Do you share this toilet facility with other households?	YES . . . . . 1 NO 2	
13	Does your household have:		
	Electricity?	ELECTRICITY . . . . . YES 1 NO 2	
	A radio?	RADIO 1 2	
	A television?	TELEVISION 1 2	
	A mobile telephone?	MOBILE TELEPHONE . . . 1 2	
	A non-mobile telephone?	NON-MOBILE TELEPHONE . 1 2	
	A freezer?	FREEZER 1 2	
	A refrigerator?	REFRIGERATOR 1 2	
	A computer?	COMPUTER 1 2	
	A clock?	CLOCK 1 2	
	A water pump?	WATER PUMP 1 2	
	A table?	TABLE 1 2	
	A chair?	CHAIR 1 2	
	A sofa?	SOFA 1 2	
	A cupboard?	CUPBOARD 1 2	
	A bed?	BED 1 2	
	A kerosense lantern?	KEROSENE LANTERN 1 2	
	A video deck/dvd?	VIDEO DECK/DVD 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
14	What type of fuel does your household mainly use for cooking?	ELECTRICITY . . . . . 01 LPG . . . . . 02 NATURAL GAS . . . . . 03 KEROSENE . . . . . 04 COAL, LIGNITE . . . . . 05 CHARCOAL . . . . . 06 FIREWOOD . . . . . 07 STRAW/SHRUBS/GRASS . . . . . 08 NO FOOD COOKED IN HOUSEHOLD . . . . . 95 OTHER _____ 96 (SPECIFY)	
15	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND/MUD 11 MUD MIXED WITH DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS . . . . . 21 PALM/BAMBOO . . . . . 22 FINISHED FLOOR PARQUET OR POLISHED WOOD . . . . . 31 LINOLEUM . . . 32 CERAMIC TILES . . . . . 33 CEMENT . . . . . 34 CARPET . . . . . 35 TERRAZZO . . . . . 36 OTHER _____ 96 (SPECIFY)	
16	How many rooms in this household are used for sleeping?	ROOMS	
17	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A canoe? A tractor?	YES NO WATCH . . . . . 1 2 BICYCLE . . . . . 1 2 MOTORCYCLE/SCOOTER . 1 2 ANIMAL-DRAWN CART . 1 2 CAR/TRUCK . . . . . 1 2 CANOE . . . . . 1 2 TRACTOR 1 2	

6 Sept 2007

GHANA MATERNAL MORTALITY SURVEY 2007
VERBAL AUTOPSY QUESTIONNAIRE

GHANA STATISTICAL SERVICE

IDENTIFICATION

LOCALITY NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . [ ][ ][ ][ ]

STRUCTURE NUMBER . . . . . [ ][ ][ ][ ]

HOUSEHOLD NUMBER . . . . . [ ][ ][ ][ ]

REGION . . . . . [ ][ ][ ][ ]

DISTRICT . . . . . [ ][ ][ ][ ]

LARGE CITY/SMALL CITY/TOWN/RURAL (LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4) [ ]

NAME OF MAIN RESPONDENT _____

NAME OF DECEASED WOMAN _____

LINE NUMBER OF DECEASED WOMAN FROM HOUSEHOLD QUESTIONNAIRE . . . . . [ ][ ]

RELATIONSHIP OF THE MAIN RESPONDENT TO THE DECEASED
(FATHER = 1, MOTHER = 2, HUSBAND = 3, BROTHER/SISTER = 4, CHILD = 5
OTHER RELATIVE = 6, NO RELATION = 7) [ ]

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [ ][ ]
				MONTH [ ][ ]
				YEAR 2 0 0 7
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER [ ][ ][ ]
RESULT*	_____	_____	_____	RESULT [ ]
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS [ ]
TIME	_____	_____		

*RESULT CODES:

1	COMPLETED	4	REFUSED	7	OTHER _____ (SPECIFY)
2	NOT AT HOME	5	PARTLY COMPLETED		
3	POSTPONED	6	APPROPRIATE PERSON NOT FOUND		

LANGUAGE OF QUESTIONNAIRE: [1] LANGUAGE OF INTERVIEW: [ ] LANGUAGE OF RESPONDENT [ ]

LANGUAGE CODES: ENGLISH = 1, AKAN = 2, GA = 3, EWE = 4, NZEMA = 5, DAGBANI = 6 OTHER = 7

TRANSLATOR USED: [ ]
(YES = 1, NO = 2)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____ [ ][ ]	DATE _____ [ ][ ]	[ ][ ]	[ ][ ]

SECTION 1. DECEASED WOMAN'S BACKGROUND

INFORMED CONSENT

IDEALLY THE MAIN RESPONDENT SHOULD HAVE BEEN PRESENT AT THE TIME OF DEATH OF THE WOMAN FOR WHOM INFORMATION ON THE CAUSE OF DEATH IS BEING COLLECTED AND SHOULD HAVE THE BEST KNOWLEDGE ABOUT THE CIRCUMSTANCES AROUND THE WOMAN'S DEATH.

Hello. My name is _____ and I am working with the Ghana Statistical Service. We are conducting a national survey that asks about women's health issues. We would very much appreciate your participation in this survey. A few months ago when we visited your house, we were informed about the death of (NAME OF WOMAN AGE 12-49 WHO HAS DIED). I am here now to ask you about the circumstances that led to her death. This information will help the government to improve women's health services. The survey will take between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

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

May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . . . 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . . MINUTES	
102	In what day, month and year was (NAME) born?	DAY . . . . . DON'T KNOW DAY . . . . . 98 MONTH . . . . . DON'T KNOW MONTH . . . . . 98 YEAR	
103	In what day, month and year did (NAME) die?	DAY . . . . . DON'T KNOW DAY . . . . . 98 MONTH . . . . . DON'T KNOW MONTH . . . . . 98 YEAR 2 0	
103A	CHECK 103: DIED IN 2002, 2003, 2004, 2005, 2006 OR 2007 → DIED BEFORE 2002 → END		
104	How old was (NAME) when she died? RECORD AGE IN COMPLETED YEARS. COMPARE AND CORRECT 102, 103 AND/OR 104 IF INCONSISTENT.	AGE AT DEATH	
105	CHECK 104: AGE AT DEATH 12-49 → AGE AT DEATH <12 OR 50 AND ABOVE → END		
106	What was (NAME'S) marital status?	NEVER MARRIED . . . . . 1 MARRIED/LIVING WITH A PARTNER . . 2 SEPARATED . . . . . 3 DIVORCED . . . . . 4 WIDOWED 5	
107	What is the highest level of school (NAME) had attended: primary, middle/JSS, secondary/SSS, or higher?	PRIMARY . . . . . 1 MIDDLE/JSS . . . . . 2 SECONDARY/SSS . . . . . 3 HIGHER . . . . . 4 NEVER ATTENDED SCHOOL . . . . . 5 DON'T KNOW 8	
108	Where did (NAME) die?	HOME . . . . . 1 HEALTH FACILITY . . . . . 2 SHRINE/PRAYER CAMP . . . . . 3 OTHER _____ (SPECIFY) 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	Where was (NAME'S) usual place of residence?	IN THIS HOUSE/LOCALITY 1 IN A DIFFERENT VILLAGE/TOWN 2 OTHER _____ 6 (SPECIFY)	
110	Where did the burial take place?	IN THIS HOUSE/LOCALITY 1 IN A DIFFERENT VILLAGE/TOWN 2 OTHER _____ 6 (SPECIFY)	

SECTION 2. OPEN HISTORY QUESTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now could you please tell me about the illnesses and events leading to (NAME'S) death?		

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
202	Before (NAME) died did any medical staff person ever say she had NAME OF DISEASE? READ EACH DISEASE BELOW AND RECORD IF RESPONDENT ANSWERS 'YES', ASK: For how many months or years prior to death was (NAME) diagnosed with NAME OF DISEASE?			
			MONTHS / YEARS	
01	High blood pressure?	YES . . . . 1 NO . . . . . 2 DON'T KNOW. . 8	HIGH BLOOD PRESSURE 1 ☐☐ 2 ☐☐	
02	Heart disease?	YES . . . . 1 NO . . . . . 2 DON'T KNOW. . 8	HEART DISEASE 1 ☐☐ 2 ☐☐	
03	Stroke?	YES . . . . 1 NO . . . . . 2 DON'T KNOW. . 8	STROKE 1 ☐☐ 2 ☐☐	
04	Mental disorder (including depression)?	YES . . . . 1 NO . . . . . 2 DON'T KNOW. . 8	MENTAL 1 ☐☐ 2 ☐☐	
05	HIV/AIDS?	YES . . . . 1 NO . . . . . 2 DON'T KNOW. . 8	HIV/AIDS 1 ☐☐ 2 ☐☐	
06	Diabetes?	YES . . . . 1 NO . . . . . 2 DON'T KNOW. . 8	DIABETES 1 ☐☐ 2 ☐☐	
07	Tuberculosis (TB)?	YES . . . . 1 NO . . . . . 2 DON'T KNOW. . 8	TB 1 ☐☐ 2 ☐☐	
08	Epilepsy?	YES . . . . 1 NO . . . . . 2 DON'T KNOW. . 8	EPILEPSY 1 ☐☐ 2 ☐☐	
09	Cancer? PROBE: Cancer of _____	YES . . . . 1 NO . . . . . 2 DON'T KNOW. . 8	CANCER 1 ☐☐ 2 ☐☐	
10	Asthma?	YES . . . . 1 NO . . . . . 2 DON'T KNOW. . 8	ASTHMA 1 ☐☐ 2 ☐☐	
11	Malaria?	YES . . . . 1 NO . . . . . 2 DON'T KNOW. . 8	MALARIA 1 ☐☐ 2 ☐☐	
12	Other chronic ilness:		OTHER _____ 1 ☐☐ 2 ☐☐	
203	What do you think was the cause of death? (Write exactly as the respondent tells you)			

SECTION 3. SIGNS AND SYMPTOMS DURING THE FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	At this time I would like to ask you some questions concerning symptoms that (NAME) had/showed when she was ill. Some of these questions may not appear directly related to her health. Please bear with me and answer all the questions. Your answers will help us to get a clear picture of all possible symptoms that she may have had.		
301	For how long was (NAME) ill before she died?	DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐	
302	Did (NAME) have a fever? IF YES, ASK: For how long did she have fever?	NO FEVER . . . . . .000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	→303
302A	Was the fever continous or on and off?	CONTINOUS . . . . . 1 ON AND OFF . . . . . 2 DON'T KNOW 8	
302B	Did she have fever only at night?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
302C	Did she have chills/rigor?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
303	Did (NAME) have a cough? IF YES, ASK: For how long did she have a cough?	NO COUGH . . . . . .000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	→304
303A	Was the cough severe?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
303B	Was the cough productive with sputum?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
303C	Did she cough out blood?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
303D	Did she have night sweats?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
304	Did (NAME) have trouble breathing? IF YES, ASK: For how long did she have breathlesness?	NO BREATHLESNESS . . . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	→305
304A	Was she unable to carry out daily routines due to breathlesness?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
304B	Was she breathless while lying flat?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
304C	Did she have wheezing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Did (NAME) have a chest pain? IF YES, ASK: For how long did she have a chest pain?	NO CHEST PAIN . . . . . .000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	→306
305A	How did the chest pain start?	SUDDENLY . . . . . 1 GRADUALLY . . . . . 2 DON'T KNOW 8	
305B	Did she have severe chest pain? IF YES: How long did it last?	LESS THAN HALF AN HOUR . . . . . 1 HALF HOUR TO 24 HOURS . . . . . 2 MORE THAN 24 HOURS . . . . . 3 NO SEVERE CHEST PAIN . . . . . 4 DON'T KNOW 8	
305C	Was the chest pain located below the breastbone (sternum)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
305D	Was the chest pain located over the heart and spread to the left arm?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
305E	Was the chest pain located over the ribs (sides)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
305F	Was chest pain continous or on and off?	CONTINOUS . . . . . 1 ON AND OFF . . . . . 2 DON'T KNOW 8	
305G	Did the pain get worse while coughing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
305H	Did she have palpitations?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
306	Did (NAME) have diarrhea? IF YES, ASK: For how long did she have diarrhea?	NO DIARRHEA . . . . . .000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	→307
306A	Was the diarhea continous or on and off?	CONTINOUS . . . . . 1 ON AND OFF . . . . . 2 DON'T KNOW 8	
306B	At any time during the final ilness was there blood in the stool?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
306C	When the diarhea was worst, how many times did she pass stools in a day?	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 98	
307	Did (NAME) vomit? IF YES, ASK: How long did she vomit?	NO VOMITTING . . . . . .000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	→308
307A	What did it look like?	COFFEE-COLORED FLUID . . . . . 1 BRIGHT RED/BLOOD RED . . . . . 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
307B	When the vomitng was severe, how many times did she vomit in a day?	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308	Did (NAME) have abdominal pain? IF YES, ASK: How long did she have abdominal pains?	NO ABDOMINAL PAIN . . . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	→ 309
308A	Was the abdominal pain severe?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
309	Did (NAME) have abdominal distention? IF YES, ASK: How long did she have abdominal distention?	NO ABDOMINAL DISTENTION . . . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	→ 310
309A	How quickly did the distention develop?	RAPIDLY, WITHIN DAYS . . . . . 1 GRADUALLY, OVER MONTHS . . . . . 2 DON'T KNOW 8	
309B	Was there a period of a day or longer during which she did not pass any stool?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
310	Did (NAME) have any mass in the abdomen? IF YES, ASK: How long did she have the mass?	NO MASS IN THE ABDOMEN . . . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	→ 311
310A	Where was the mass located?	RIGHT UPPER ABDOMEN . . . . . 1 LEFT UPPER ABDOMEN . . . . . 2 LOWER ABDOMEN . . . . . 3 ALL OVER ABDOMEN . . . . . 4 DON'T KNOW 8	
311	Did (NAME) have any difficulty or pain while swallowing solids? IF YES, ASK: How long did she have difficulty or pain while swallowing solids?	NO DIFFICULTY SWALLOWING SOLIDS . . . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	
312	Did she have any difficulty or pain while swallowing liquids? IF YES, ASK: How long did she have difficulty or pain while swallowing liquids?	NO DIFFICULTY SWALLOWING LIQUIDS . . . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	
313	Did (NAME) have a headache? IF YES, ASK: How long did she have a headache?	NO HEADACHE . . . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	→ 314
313A	Was the headache severe?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314	Did she have stiff or painful neck? IF YES, PROBE: For how long did she have stiff or painful neck?	NO STIFF OR PAINFUL NECK . . . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	
315	Did she have mental confusion? IF YES, PROBE: For how long did she have mental confusion?	NO MENTAL CONFUSION . . . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	→ 316
315A	How did the mental confusion start?	SUDDENLY . . . . . 1 FAST (WITHIN A DAY) . . . . . 2 SLOWLY (OVER MANY DAYS) . . . . . 3 DON'T KNOW 8	
316	Did she become unconscious? IF YES, ASK: For how long was she unconscious?	WAS NOT UNCONSCIOUS . . . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	→ 317
316A	How did the unconsciousness start?	SUDDENLY . . . . . 1 FAST (WITHIN A DAY) . . . . . 2 SLOWLY (OVER MANY DAYS) . . . . . 3 DON'T KNOW 8	
317	Did she have convulsions? IF YES, ASK: For how long did she have convulsions?	NO CONVULSIONS . . . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	
318	Was she unable to open her mouth? IF YES, ASK: How long was she unable to open her mouth?	NO PROBLEM OPENING MOUTH . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	
319	Did she have stiffness of the whole body? IF YES, ASK: For how long did she have the stiffness?	NO STIFFNESS . . . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320	Did she have paralysis of one side of the body? IF YES, ASK: For how long was one side of her body paralyzed?	NO PARALYSIS OF ONE SIDE . . . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	→321
320A	How did the paralysis of one side of her body start?	SUDDENLY . . . . . 1 FAST (WITHIN A DAY) . . . . . 2 SLOWLY (OVER MANY DAYS) . . . . . 3 DON'T KNOW 8	
321	Did she have paralysis in the lower limbs? IF YES, ASK: For how long did she have paralysis in the lower limbs?	NO PARALYSIS OF LOWER LIMBS . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	→322
321A	How did the paralysis in the lower limbs start?	SUDDENLY . . . . . 1 FAST (WITHIN A DAY) . . . . . 2 SLOWLY (OVER MANY DAYS) . . . . . 3 DON'T KNOW 8	
322	Did she have difficulty passing urine? IF YES, ASK: For how long did she have difficulty passing urine?	NO DIFFICULTY . . . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	
323	Was there any change in the color of her urine? IF YES, ASK: How long did she have a change in the color of her urine?	NO CHANGE IN URINE COLOR . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	
324	During the final illness, did (NAME) ever pass blood in the urine? IF YES, ASK: For how long did she have blood in the urine?	NO BLOOD IN URINE . . . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	
325	Was there any change in the amount of urine she passed daily? IF YES, ASK: For how long did she have a change in the amount of urine she passed?	NO CHANGE IN URINE AMOUNT . . . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	→326
325A	How much urine did she pass?	TOO MUCH . . . . . 1 TOO LITTLE . . . . . 2 NO URINE AT ALL . . . . . 3 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
326	During the ilness that led to her death, did (NAME) have any skin rash? IF YES, ASK: For how long did she have the skin rash?	NO SKIN RASH . . . . . .000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	→327
326A	Where was the rash located?	FACE . . . . . 1 TRUNK . . . . . 2 ARMS AND LEGS . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
326B	What did the rash look like?	MEASLES RASH 1 RASH WITH CLEAR FLUID 2 RASH WITH PUS . . . . . 3 DON'T KNOW 8	
326C	Did she have red eyes?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
326D	Did she have bleeding from the nose, mouth or anus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
327	Did she have weight loss? IF YES, ASK: For how long had she been losing weight?	NO WEIGHT LOSS . . . . . .000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	→328
327A	Did she look very thin and wasted?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
328	Did she have mouth sores? IF YES, ASK: For how long did she have mouth sores?	NO MOUTH SORES . . . . . .000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	
329	Did she have any swelling? IF YES, ASK: For how long did she have swelling?	NO SWELLING . . . . . .000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	→330
329A	Where was the sweling? CIRCLE ALL MENTIONED.	FACE . . . . . A JOINTS . . . . . B ANKLES . . . . . C WHOLE BODY . . . . . D OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	Did she have any lumps? IF YES, ASK: For how long did she have lumps?	NO LUMPS . . . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	→ 331
330A	Where were the lumps? CIRCLE ALL THAT APPLY	NECK . . . . . A ARMPIT . . . . . B GROIN . . . . . C OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Y	
331	Did she have yellow discoloration of the eye? IF YES, ASK: For how long did she have the yellow discoloration of the eye?	NO DISCOLORATION . . . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	
332	Did she look pale (lack of blood) or have pale palms, eyes or nail beds? IF YES, ASK: For how long was she pale?	NOTHING PALE . . . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	
333	Did she have an ulcer, abscess, or sore anywhere on the body? IF YES, ASK: For how long did she have the ulcer, abscess or sore?	NO ULCER/ABSCESS/SORE . . . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	→ 401
333A	What was the location of the ulcer, abscess, or sore? CIRCLE ALL MENTIONED.	NECK . . . . . A ARMPIT . . . . . B GROIN . . . . . C FACE . . . . . D JOINTS . . . . . E ANKLES . . . . . F GENITALS . . . . . G WHOLE BODY . . . . . H OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Y	

SECTION 4. SIGNS AND SYMPTOMS DURING THE FINAL ILLNESS RELATED TO REPRODUCTIVE HEALTH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Did (NAME) have an ulcer or swelling in the breast? IF YES, ASK: For how long did she have ulcer or swelling?	NO ULCER/SWELLING IN BREAST 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	
402	Did (NAME) have excessive vaginal bleeding during menstrual periods? IF YES, ASK: For how long did she have excessive vaginal bleeing during menstrual periods?	NO EXCESSIVE BLEEDING . . . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	
403	Did (NAME) have vaginal bleeding in between menstrual periods? IF YES, ASK: For how long did the condition last?	NO VAGINAL BLEEDING . . . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	
404	Did (NAME) have abnormal vaginal discharge? IF YES, ASK: For how long did she have abnormal vaginal discharge?	NO ABNORMAL DISCHARGE . . . . . 000 DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	
405	Was (NAME) pregnant at the time of death?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	→ 406
405A	How long was (NAME) pregnant?	DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	
405B	How many pregnancies did (NAME) have in total, including the last one?	NUMBER OF PREGNANCIES ☐☐	
405C	During the last 3 months of pregnany, did (NAME) suffer from any of the following ilnesses? Anything else? CIRCLE ALL MENTIONED.	VAGINAL BLEEDING . . . . . A FOUL-SMELLING VAGINAL DISCHARGE . . . . . B PUFFY FACE . . . . . C HEADACHE . . . . . D BLURRED VISION . . . . . E CONVULSION . . . . . F FEBRILE ILLNESS . . . . . G SEVERE ABDOMINAL PAIN THAT WAS NOT LABOR PAINS . . . H PALLOR AND SHORTNESS OF BREATH (BOTH PRESENT) . . . I OTHER _____ X (SPECIFY) NONE . . . . . Y DON'T KNOW . . . . . Z	
405D	Did (NAME) die during labour, but undelivered?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
406	Did (NAME) give birth recently?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 407
406A	How many days after giving birth did (NAME) die?	NUMBER OF DAYS ☐☐ DON'T KNOW 98	
406B	Was there excessive bleeding on the day labor started?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
406C	Was there excessive bleeding during labor before the baby was delivered?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
406D	Was there excessive bleeding after the baby was delivered?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
406E	Did (NAME) have difficulty in delivering the placenta?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
406F	Was (NAME) in labor for more than 24 hours?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
406G	Was it a normal vaginal delivery?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 406I → 406I
406H	What type of delivery was it?	FORCEPS/VACUUM . . . . . 1 CAESARIAN SECTION . . . . . 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
406I	Did (NAME) have foul-smelling vaginal discharge?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
406J	Where did (NAME) give birth? IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ NAME OF PLACE	HOME RESPONDENT'S HOME . . . . . 01 OTHER HOME . . . . . 02 PUBLIC SECTOR GOVT. HOSPITAL/CLINIC . . . . . 03 GOVT. HEALTH CENTER . . . . . 04 GOVT. HEALTH POST . . . . . 05 OTHER PUBLIC _____ 06 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC . . . . . 07 MATERNITY HOME . . . . . 08 OTHER PRIVATE _____ 09 (SPECIFY) SHRINE/PRAYER CAMP 10 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
406K	Who assisted with the delivery? PROBE: Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B AUXILIARY MIDWIFE . . . . . C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND . . . . . E OTHER _____ X (SPECIFY) NO ONE . . . . . Y DON'T KNOW . . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
407	During the 6 weeks before she died, was (NAME) pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 408
407A	How far along was (NAME) in her pregnancy? First three months (1st trimester)? Second three months (2nd trimester)? Last three months (3rd trimester)?	1ST TRIMESTER . . . . . 1 2ND TRIMESTER . . . . . 2 3RD TRIMESTER . . . . . 3 DON'T KNOW 8	
407B	Was (NAME) doing something or using any method to delay or avoid pregnancy at the time when she became pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
407C	Did (NAME) want to become pregnant at that time?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
407D	Did (NAME) have heavy bleeding around the time the pregnancy ended?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
407E	During the last 3 days before (NAME) died, did she have severe abdominal pain?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
407F	Did (NAME) have fever before she died?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 407I
407G	Did (NAME) have fever that started at anytime in the 3 days before her death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
407H	Did (NAME) have fever with shivering?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
407I	Did (NAME) have foul smelling dicharge in the 6 weeks before her death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
407J	Did (NAME) have any medical treatment in the 6 weeks before she died?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 407L
407K	Did (NAME) have the following treatment: Operation? Blood transfusion? Antibiotics? Any other treatment? (SPECIFY)	YES NO DK OPERATION 1 2 8 BLOOD TRANSFUSION 1 2 8 ANTIBIOTICS 1 2 8 OTHER 1 2 8 (SPECIFY)	
407L	As far as you know, did (NAME) want to do anything to attempt to end the pregnancy?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
407M	As far as you know, did (NAME) attempt to end the pregnancy?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 408

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
407N	How long before her death did (NAME) first attempt to end the pregnancy?	DAYS . . . . . 1 [ ][ ] WEEKS . . . . . 2 [ ][ ] MONTHS . . . . . 3 [ ][ ] DON'T KNOW 998	
407O	Did (NAME) take medicine or receive treatment to attempt to end the pregnancy?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 501
408	Did (NAME) have an abortion recently before she died?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 501
408A	Did (NAME) die during the abortion?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
408B	How many days before death did (NAME) have the abortion?	NUMBER OF DAYS [ ][ ] DON'T KNOW 98	
408C	How many months pregnant was (NAME) when she had the abortion?	MONTHS . . . . . [ ][ ] DON'T KNOW 98	
408D	Did (NAME) have any heavy bleeding after the abortion?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
408E	Did the abortion occur by itself, spontaneously?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 501 → 501
408F	Did (NAME) take medicine or treatment to end the pregnancy?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 5. HISTORY OF INJURY/ACCIDENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Did (NAME) suffer from any injury or accident that led to her death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 504
502	What kind of injury/accident was it?	ROAD TRAFFIC ACCIDENT . . . . . 01 FALL . . . . . 02 DROWNING . . . . . 03 POISONING . . . . . 04 BURNS . . . . . 05 VIOLENCE/ASSAULT /HOMICIDE/ ABUSE . . . . . 06 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
503	Was the injury/accident intentionally inflicted by someone else?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
504	Do you think (NAME) committed suicide?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
505	Did (NAME) suffer from any animal/insect bite that led to her death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 601
506	What type of animal/insect was it?	DOG . . . . . 1 SNAKE . . . . . 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

SECTION 6. TREATMENT AND HEALTH SERVICE USE FOR FINAL ILNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Did (NAME) receive any treatment for the illness that led to death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 608
602	What type of treatment did (NAME) receive? PROBE: Anything else? CIRCLE ALL MENTIONED	ORS TREATMENT . . . . . A INTRAVENOUS FLUIDS . . . . . B TREATMENT/FOOD THROUGH TUBE C GIVEN DRUGS . . . . . D OPERATION . . . . . E BLOOD TRANSFUSION . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Y	
603	Where did (NAME) receive treatment during the illness that led to death? Anywhere else? CIRCLE ALL MENTIONED. IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ NAME OF PLACE	HOME RESPONDENT'S HOME . . . . . A OTHER HOME . . . . . B PUBLIC SECTOR GOVT. HOSPITAL/CLINIC . . . . . C GOVT. HEALTH CENTER . . . . . D GOVT. HEALTH POST . . . . . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC . . . . . G MATERNITY HOME . . . . . H OTHER PRIVATE _____ I (SPECIFY) SHRINE/PRAYER CAMP . . . . . J OTHER _____ K (SPECIFY) DON'T KNOW L	
604	CHECK 603: AT LEAST ONE CATEGORY C-I CIRCLED ↓ NO CATEGORY C-I CIRCLED → 608		
605	In the month before her death, how many times did (NAME) have contact with (NAME OF PLACE/S MENTIONED IN Q.603 C-I)? IF MORE THAN ONE FORMAL PLACE MENTIONED IN Q.603 ADD THE NUMBER OF TIMES OF CONTACT IN EACH PLACE	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 98	
606	Did a health worker tell you or anyone the cause of death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 608
607	What did s/he say? WRITE DOWN EXACTLY WHAT THE RESPONDENT SAYS _____ _____ _____ _____ _____		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
608	Did (NAME) have any operation for the illness?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 611
609	How long before death did (NAME) have the operation?	DAYS . . . . . 1 ☐☐ WEEKS . . . . . 2 ☐☐ MONTHS . . . . . 3 ☐☐ DON'T KNOW 998	
610	Which part of her body was she operated on?	ABDOMEN . . . . . 1 CHEST . . . . . 2 HEAD . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
611	Did she have a measles vaccination?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 7. RISK FACTORS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Did (NAME) drink alcohol?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 706
702	How long had (NAME) been drinking?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998	
703	How often did (NAME) drink alcohol?	DAILY . . . . . 1 WEEKLY . . . . . 2 ONCE IN A WHILE/RARELY . . . . . 3 DON'T KNOW 8	
704	Did (NAME) stop drinking before death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 706
705	How long before death did (NAME) stop drinking?	DAYS . . . . . 1 ☐☐ WEEKS . . . . . 2 ☐☐ MONTHS . . . . . 3 ☐☐ YEARS . . . . . 4 ☐☐ DON'T KNOW 998	
706	Did (NAME) use snuff or smoke tobacco (cigarette, cigar, pipe, etc.)	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 801
707	How long had (NAME) been smoking?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998	
708	How often did (NAME) smoke?	DAILY . . . . . 1 WEEKLY . . . . . 2 ONCE IN A WHILE/RARELY . . . . . 3 DON'T KNOW 8	
709	How many cigarettes/cigars/pipes did (NAME) smoke daily?	NUMBER OF CIGARETTES . . ☐☐ DON'T KNOW 98	
710	Did (NAME) stop smoking before death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 801
711	How long before death did (NAME) stop smoking?	DAYS . . . . . 1 ☐☐ WEEKS . . . . . 2 ☐☐ MONTHS . . . . . 3 ☐☐ YEARS . . . . . 4 ☐☐ DON'T KNOW 998	

SECTION 8. DATA EXTRACTED FROM DEATH CERTIFICATE

801	Do you have a death certifcate for (NAME)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 901
802	COPY DAY, MONTH AND YEAR OF DEATH FROM THE DEATH CERTIFICATE.	DAY MONTH YEAR ☐☐ ☐☐ ☐☐☐☐	
803	COPY DAY, MONTH AND YEAR OF ISSUE OF DEATH CERTIFICATE.	DAY MONTH YEAR ☐☐ ☐☐ ☐☐☐☐	
804	RECORD THE CAUSE OF DEATH FROM THE FIRST (TOP) LINE OF THE DEATH CERTIFICATE: _____		
805	RECORD THE CAUSE OF DEATH FROM THE SECOND LINE OF THE DEATH CERTIFICATE (IF ANY): _____		
806	RECORD THE CAUSE OF DEATH FROM THE THIRD LINE OF THE DEATH CERTIFICATE (IF ANY): _____		
807	RECORD THE CAUSE OF DEATH FROM THE FOURTH LINE OF THE DEATH CERTIFICATE (IF ANY): _____		

SECTION 9. DATA EXTRACTED FROM OTHER HEALTH RECORDS

901	Do you have any other documents like (READ EACH OF THE DOCUMENTS LISTED FROM 901A-901H) or others that have a record of the death? IF YES ASK THE RESPONDENT TO SHOW YOU THESE DOCUMENTS THAT HAVE A RECORD OF THE DEATH. FOR EACH TYPE OF HEALTH RECORD SUMMARIZE DETAILS FOR LAST 2 VISITS (IF MORE THAN 2) AND RECORD DATE OF ISSUE		
	DOCUMENT	RECORDED CAUSE OF DEATH	DATE OF ISSUE DAY MONTH YEAR
901A	BURIAL PERMIT: 1 . . . YES → 2 . . . NO →	_____ (CAUSE OF DEATH)	
901B	POST MORTEM RESULTS 1 . . . YES → 2 . . . NO →	_____ (CAUSE OF DEATH)	
901C	MCH/ANC CARD 1 . . . YES → 2 . . . NO →	_____ (CAUSE OF DEATH)	
901D	HOSPITAL PRESCRIPTION FORM 1 . . . YES → 2 . . . NO →	_____ (CAUSE OF DEATH)	
901E	TREATMENT CARDS 1 . . . YES → 2 . . . NO →	_____ (CAUSE OF DEATH)	
901F	HOSPITAL DISCHARGE FORM 1 . . . YES → 2 . . . NO →	_____ (CAUSE OF DEATH)	
901G	LABORATORY RESULTS 1 . . . YES → 2 . . . NO →	(CAUSE OF DEATH)	
901H	COMMUNITY REGISTER 1 . . . YES → _____ 2 . . . NO → (SPECIFY)	_____ (CAUSE OF DEATH)	
901I	OTHER HOSPITAL DOCUMENTS 1 . . . YES → _____ 2 . . . NO → (SPECIFY)	_____ (CAUSE OF DEATH)	
902	RECORD THE TIME.		HOURS . . . . . . MINUTES . . . . .

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S/EDITOR'S OBSERVATIONS

NAME OF SUPERVISOR/EDITOR: _____ DATE: _____

6 Sept 2007

GHANA MATERNAL MORTALITY SURVEY 2007
WOMEN'S QUESTIONNAIRE

GHANA STATISTICAL SERVICE

IDENTIFICATION

LOCALITY NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . | | | | |

STRUCTURE NUMBER . . . . . | | | |

HOUSEHOLD NUMBER . . . . . | | | |

REGION . . . . . | |

DISTRICT . . . . . | |

LARGE CITY/SMALL CITY/TOWN/RURAL . . . . . | |
(LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)

NAME AND LINE NUMBER OF WOMAN _____ | |

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
				YEAR 2007
INTERVIEWER'S NAME				INT. NUMBER
RESULT*				RESULT
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

*RESULT CODES:

1	COMPLETED	4	REFUSED	7	OTHER _____ (SPECIFY)
2	NOT AT HOME	5	PARTLY COMPLETED		
3	POSTPONED	6	INCAPACITATED		

LANGUAGE OF QUESTIONNAIRE: 1 LANGUAGE OF INTERVIEW: ____ LANGUAGE OF RESPONDENT ____

LANGUAGE CODES: ENGLISH = 1, AKAN = 2, GA = 3, EWE = 4, NZEMA = 5, DAGBANI = 6 OTHER = 7

TRANSLATOR USED: ____
(YES = 1, NO = 2)

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	INTRODUCTION AND CONSENT Hello. My name is _____ and I am working with the Ghana Statistical Service. We are conducting a national survey that asks about women's health issues. We would very much appreciate your participation in this survey. This This information will help the government to improve women's health services. The survey will take just a few minutes to complete. Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go to the next question; or you can stop the interview at any time. However, 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? Signature of interviewer: _____ Date: _____ RESPONDENT AGREES TO BE INTERVIEWED 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END		
102	RECORD THE TIME.	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	
103	In what month and year were you born?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
104	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS [ ][ ]	
105	Have you ever attended school?	YES . . . . . 1 NO 2	→ 108
106	What is the highest level of school you attended: primary, middle/JSS, secondary/SSS, or higher?	PRIMARY . . . . . 1 MIDDLE/JSS . . . . . 2 SECONDARY/SSS . . . . . 3 HIGHER 4	
107	What is the highest grade you completed at that level?	GRADE . . . . . [ ][ ]	
108	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
109	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
110	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
111	What is your religion?	CATHOLIC . . . . . 01 PROTESTAN . . . . . 02 METHODIST . . . . . 03 PRESBYTERIAN . . . . . 04 PENTACOSTAL/CHARISMATIC 05 OTHER CHRISTIAN . . . . . 06 MOSLEM . . . . . 07 TRADITIONAL/SPIRITUALIST . . . . . 08 NO RELIGION . . . . . 09 OTHER _____ 96 (SPECIFY)	
112	To which ethnic group do you belong?	AKAN . . . . . 01 GA/DANGME . . . . . 02 EWE . . . . . 03 GUAN . . . . . 04 MOLE-DAGBANI . . . . . 05 GRUSSI . . . . . 06 GRUMA . . . . . 07 HAUSA . . . . . 08 OTHER _____ 96 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES . . . . . 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . . [ ][ ] DAUGHTERS AT HOME . . . . . [ ][ ]	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES . . . . . 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . . [ ][ ] DAUGHTERS ELSEWHERE . [ ][ ]	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . . 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . . [ ][ ] GIRLS DEAD . . . . . [ ][ ]	
208	Some women lose their pregnancy spontaneously, that is they have a miscarriage. Have you ever had a miscarriage? That is have you ever lost a pregnancy spontaneously?	YES . . . . . 1 NO 2	→ 210
209	How many miscarriages have you had in your lifetime?	MISCARRIAGE . . . . . [ ][ ]	
210	Women sometimes take steps to end their pregnancy, because they find themselves pregnant when they do not want to be, or when it is difficult for them to continue with their pregnancy because of opposition from their husband, partner, relatives or others. Have you ever been in a situation when you or someone else have had to do something to end <u>your</u> pregnancy?	YES . . . . . 1 NO 2	→ 212
211	How many pregnancies have ended this way In your lifetime?	ABORTION . . . . . [ ][ ]	
212	Some women have stillbirths, that is, they give birth in late pregnancy to a dead child. Have you ever had a still birth?	YES . . . . . 1 NO 2	→ 214
213	How many stillbirths have you had in your lifetime?	STILLBIRTH . . . . . [ ][ ]	
214	SUM ANSWERS TO 203, 205, 207, 209, 211 AND 213 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL . . . . . [ ][ ]	
215	CHECK 214: Just to make sure that I have this right: you have had in TOTAL _____ pregnancies during your life. Is that correct? YES ☐ NO ☐ → PROBE AND CORRECT 201-213 AS NECESSARY.		
216	CHECK 214: ONE OR MORE PREGNANCIES ☐ NO PREGNANCIES ☐ →		238

217	Now I would like to record all your pregnancies, whether born alive, born dead, or lost before full term, starting with the first one you had. RECORD ALL THE PREGNANCIES IN 219. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 11 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW).

218	219	220	221	222	223	224	225	226	227	228	229	230	231	232
									IF BORN ALIVE BUT NOW DEAD		IF BORN DEAD OR LOST BEFORE BIRTH			
	Think back to your first/ next pregnancy. Was that a single or multiple pregnancy?	Was the baby born alive or born dead, or did you have a miscarriage or abortion?	Did that baby cry, move, or breathe when it was born?	What name was given to the child?	Is (NAME) a boy or a girl?	In what month and year was name born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COM-PLETED YEARS.	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.	In what month and year did (NAME) die?	In what month and year did this pregnancy end?	How many months did this pregnancy last? RECORD IN COM-PLETED MONTHS.	Did you or someone else do something to end this pregnancy?	Were there any other pregnancies between the previous pregnancy and this pregnancy?
01	SING ... 1 MULT ... 2	BORN ALIVE 1 (SKIP TO 222) BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 229) ABORTION 4	YES . . 1 NO . . . 2 229	NAME	BOY ... 1 GIRL ... 2	MONTH YEAR	YES . 1 NO . . 2 227	AGE IN YEARS NEXT PREGNANCY	DAYS . . . 1 MONTHS . 2 YEARS . . 3	MONTH YEAR NEXT PREGNANCY	MONTH YEAR	MONTHS	YES . . . 1 NO 2	
02	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 222) BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 229) ABORTION 4	YES . . 1 NO . . . 2 229	NAME	BOY ... 1 GIRL ... 2	MONTH YEAR	YES . 1 NO . . 2 227	AGE IN YEARS SKIP TO 232	DAYS . . . 1 MONTHS . 2 YEARS . . 3	MONTH YEAR SKIP TO 232	MONTH YEAR	MONTHS	YES . . . 1 NO 2	YES . . . . 1 ADD PREG. NO . . . . . 2 NEXT PREG.
03	SING 1 MULT 2 DK..... 3	BORN ALIVE 1 (SKIP TO 222) BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 229) ABORTION 4	YES . . 1 NO . . . 2 229	NAME	BOY ... 1 GIRL ... 2	MONTH YEAR	YES . . 1 NO . . . 2 227	AGE IN YEARS SKIP TO 232	DAYS . . . 1 MONTHS . 2 YEARS . . 3	MONTH YEAR SKIP TO 232	MONTH YEAR	MONTHS	YES . . . 1 NO 2	YES . . . . 1 ADD PREG. NO . . . . . 2 NEXT PREG.
04	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 222) BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 229) ABORTION 4	YES . . 1 NO . . . 2 229	NAME	BOY ... 1 GIRL ... 2	MONTH YEAR	YES . . 1 NO . . . 2 227	AGE IN YEARS SKIP TO 232	DAYS . . . 1 MONTHS . 2 YEARS . . 3	MONTH YEAR SKIP TO 232	MONTH YEAR	MONTHS	YES . . . 1 NO 2	YES . . . . 1 ADD PREG. NO . . . . . 2 NEXT PREG.
05	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 222) BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 229) ABORTION 4	YES . . 1 NO . . . 2 229	NAME	BOY ... 1 GIRL ... 2	MONTH YEAR	YES . . 1 NO . . . 2 227	AGE IN YEARS SKIP TO 232	DAYS . . . 1 MONTHS . 2 YEARS . . 3	MONTH YEAR SKIP TO 232	MONTH YEAR	MONTHS	YES . . . 1 NO 2	YES . . . . 1 ADD PREG. NO . . . . . 2 NEXT PREG.
06	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 222) BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 229) ABORTION 4	YES . . 1 NO . . . 2 229	NAME	BOY ... 1 GIRL ... 2	MONTH YEAR	YES . . 1 NO . . . 2 227	AGE IN YEARS SKIP TO 232	DAYS . . . 1 MONTHS . 2 YEARS . . 3	MONTH YEAR SKIP TO 232	MONTH YEAR	MONTHS	YES . . . 1 NO 2	YES . . . . 1 ADD PREG. NO . . . . . 2 NEXT PREG.

218	219 Think back to your first/ next pregnancy. Was that a single or multiple pregnancy?	220 Was the baby born alive or born dead, or did you have a miscarriage or abortion?	221 Did that baby cry, move, or breathe when it was born?	222 What name was given to the child?	223 Is (NAME) a boy or a girl?	224 In what month and year was name born?	225 Is (NAME) still alive?	226 How old was (NAME) at his/her last birthday? RECORD AGE IN COM-PLETED YEARS.	227 IF BORN ALIVE BUT NOW DEAD 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.	228 In what month and year did (NAME) die?	229 IF BORN DEAD OR LOST BEFORE BIRTH In what month and year did this pregnancy end?	230 How many months did this pregnancy last? RECORD IN COM-PLETED MONTHS.	231 Did you or someone else do something to end this pregnancy?	232 Were there any other pregnancies between the previous pregnancy and this pregnancy?
07	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 222) ← BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 229) ← ABORTION 4	YES . . 1 NO . . . 2 ↓ 229	NAME	BOY . . . 1 GIRL . . . 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 227	AGE IN YEARS ↓ SKIP TO 232	DAYS . . . 1 MONTHS . 2 YEARS . . 3	MONTH YEAR ↓ SKIP TO 232	MONTH YEAR	MONTHS	YES . . . 1 NO 2	YES . . . . 1 ADD PREG. NO . . . . . 2 NEXT PREG.
08	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 222 ← BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 229) ← ABORTION 4	YES . . 1 NO . . . 2 ↓ 229	NAME	BOY . . . 1 GIRL . . . 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 227	AGE IN YEARS ↓ SKIP TO 232	DAYS . . . 1 MONTHS . 2 YEARS . . 3	MONTH YEAR ↓ SKIP TO 232	MONTH YEAR	MONTHS	YES . . . 1 NO 2	YES . . . . 1 ADD PREG. NO . . . . . 2 NEXT PREG.
09	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 222) ← BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 229) ← ABORTION 4	YES . . 1 NO . . . 2 ↓ 229	NAME	BOY . . . 1 GIRL . . . 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 227	AGE IN YEARS ↓ SKIP TO 232	DAYS . . . 1 MONTHS . 2 YEARS . . 3	MONTH YEAR ↓ SKIP TO 232	MONTH YEAR	MONTHS	YES . . . 1 NO 2	YES . . . . 1 ADD PREG. NO . . . . . 2 NEXT PREG.
10	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 222) ← BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 229) ← ABORTION 4	YES . . 1 NO . . . 2 ↓ 229	NAME	BOY . . . 1 GIRL . . . 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 227	AGE IN YEARS ↓ SKIP TO 232	DAYS . . . 1 MONTHS . 2 YEARS . . 3	MONTH YEAR ↓ SKIP TO 232	MONTH YEAR	MONTHS	YES . . . 1 NO 2	YES . . . . 1 ADD PREG. NO . . . . . 2 NEXT PREG.
11	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 222) ← BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 229) ← ABORTION 4	YES . . 1 NO . . . 2 ↓ 229	NAME	BOY . . . 1 GIRL . . . 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 227	AGE IN YEARS ↓ SKIP TO 232	DAYS . . . 1 MONTHS . 2 YEARS . . 3	MONTH YEAR ↓ SKIP TO 232	MONTH YEAR	MONTHS	YES . . . 1 NO 2	YES . . . . 1 ADD PREG. NO . . . . . 2 NEXT PREG.

233	Have you had any pregnancy since the last pregnancy mentioned? IF YES, RECORD PREGNANCY(S) IN TABLE.	YES . . . . . 1 NO 2

234 COMPARE 214 WITH NUMBER OF PREGNANCIES IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME ☐ ↓

NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE)

FOR EACH PREGNANCY: MONTH AND YEAR IS RECORDED IN 224, 228 OR 229.
FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED IN 226.
FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED IN 227.
FOR EACH PREGNANCY LOST BEFORE FULL TERM NUMBER OF MONTHS PREGNANCY IS RECORDED IN 230

235	CHECK 229 AND 231 AND ENTER THE NUMBER OF ABORTIONS (Q.231=1) SINCE 2002 OR LATER IF NONE, RECORD '0'.	
236	CHECK 229, 230 AND 231 AND ENTER THE NUMBER OF MISCARRIAGES (Q.230 IS 6 MONTHS OR LESS AND Q.231=2) SINCE 2002 OR LATER. IF NONE, RECORD '0'.	
237	CHECK 224 AND ENTER THE NUMBER OF BIRTHS IN 2002 OR LATER. IF NONE, RECORD '0'.	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
238	Are you pregnant now?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	→ 241
239	How many months pregnant are you?	MONTHS . . . . . ☐☐	
240	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?	THEN . . . . . 1 LATER . . . . . 2 NOT AT ALL 3	
241	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO . . . . . 1 ☐☐ WEEKS AGO . . . . . 2 ☐☐ MONTHS AGO . . . . . 3 ☐☐ YEARS AGO . . . . . 4 ☐☐ IN MENOPAUSE/ HAS HAD HYSTERECTOMY . . . 994 BEFORE LAST BIRTH . . . . . 995 NEVER MENSTRUATED 996	
242	CHECK 214: ONE OR MORE PREGNANCIES ☐ ↓ NO PREGNANCIES ☐ →		344

SECTION 3. ABORTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	CHECK 235: ONE OR MORE ABORTIONS SINCE 2002 OR LATER	NO ABORTIONS SINCE 2002 OR LATER → 344	
302	CHECK 235: ENTER THE LINE NUMBER OF THE LAST PREGNANCY THAT ENDED IN AN ABORTION IN 2002 OR LATER. ASK THE QUESTIONS ABOUT ONLY THIS LAST ABORTION. LINE NUMBER FROM 218	LAST ABORTION LINE NO. ☐☐	
303	You said your last abortion was in YEAR FROM Q.229. Now I would like to ask you some questions about this pregnancy that ended in an abortion.		
304	What was the main reason you decided to have this abortion?	HEALTH OF MOTHER . . . . . 01 RISK OF BIRTH DEFECT . . . . . 02 NO MONEY TO TAKE CARE OF BABY . . . . . 03 TOO YOUNG TO HAVE CHILD . . . . . 04 NOT READY TO BE A MOTHER . . . . . 05 WANTED TO CONTINUE SCHOOLING . . . . . 06 DID NOT LOVE THE FATHER . . . . . 07 WANTED TO DELAY CHILDBEARING . . . . . 08 WANTED TO CONTINUE WORKING . . . . . 09 DID NOT WANT TO STAY WITH THE FATHER . . 10 WANTED TO SPACE CHILD . . . . . 11 PARTNER DID NOT WANT CHILD/DENIED THE PREGNANCY . . . . . 12 CHILD'S SEX . . . . . 13 BECAUSE OF RAPE . . . . . 14 TO AVOID SHAME . . . . . 15 AFRAID OF PARENTS 16 NO ONE TO HELP ME LOOK AFTER THE CHILD . . 17 PARENTS INSISTED 18 FATHER OF CHILD DIED 19 OTHER _____ 96 (SPECIFY)	
305	What was the attitude of your partner toward you having the abortion?	FAVORED . . . . . 01 OPPOSED . . . . . 02 NEUTRAL . . . . . 03 HE DID NOT KNOW . . . . . 04 DON'T KNOW/DON'T REMEMBER 05	
306	Women sometimes take many steps to stop a pregnancy. Did you do more than one thing to end this pregnancy?	YES . . . . . 1 NO . . . . . 2 → 320A	
307	How many days or weeks was it between your first attempt to end this pregnancy and when you actually succeeded in stopping it?	DAYS . . . . . 1 ☐☐ WEEKS . . . . . 2 ☐☐ DON'T KNOW 998	
308	What did you first do to end this pregnancy?	DRANK MILK/COFFEE/OTHER LIQUID WITH LOTS OF SUGAR . . . . . 01 DRANK HERBAL CONCOCTION . . . . . 02 DRANK OTHER HOME REMEDIES . . . . . 03 USED ANY HERBAL ANEMA . . . . . 04 INSERTED HERB/OBJECT/OTHER SUBSTANCE IN THE VAGINA . . . . . 05 TOOK TABLETS . . . . . 06 HEAVY MASSAGE . . . . . 07 D & C . . . . . 08 MANUAL VACUUM ASPIRATION . . . . . 09 INJECTION . . . . . 10 SALINE INSTILLATION . . . . . 11 CYTOTEC TABLETS (MISOPROSTOL) . . . . . 12 OXYTOCIN . . . . . 13 CATHETER . . . . . 14 EXCESSIVE PHYSICAL ACTIVITY . . . . . 15 OTHER _____ 16 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
309	Who did you see to get this first step done?	HEALTH PROFESSIONAL DOCTOR . . . . . 01 NURSE/MIDWIFE . . . . . 02 AUXILIARY MIDWIFE . . . . . 03 OTHER PERSON PHARMACIST/CHEMICAL SELLER . . . . . 04 TRADITIONAL BIRTH ATTENDANT . . . . . 05 COMMUNITY HEALTH WORKER . . . . . 06 RELATIVE/FRIEND . . . . . 07 TRADITIONAL PRACTITIONER . . . . . 08 OTHER _____ 09 (SPECIFY) NO ONE 10	
310	Where did you go to get this first step done?	PUBLIC SECTOR GOVT. HOSPITAL/ POLYCLINIC . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVT. HEALTH POST/CLINIC . . . . . 13 MOBILE CLINIC . . . . . 14 OTHER PUBLIC _____ 15 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . 21 MOBILE CLINIC . . . . . 22 MATERNITY HOME . . . . . 23 PHARMACY/CHEMIST/DRUG STORE 24 OTHER PRIVATE MEDICAL _____ 25 (SPECIFY) HOME RESPONDENT'S HOME . . . . . 31 OTHER HOME . . . . . 32 TBA'S HOME . . . . . 33 OTHER _____ 96 (SPECIFY)	
311	Who paid to get this procedure done? PROBE: Anyone else? CIRCLE ALL MENTIONED.	RESPONDENT . . . . . A PARTNER . . . . . B MOTHER . . . . . C FATHER . . . . . D OTHER FAMILY MEMBER . . . . . E FRIEND . . . . . F OTHER _____ X (SPECIFY) NO ONE . . . . . Y	
312	Now I would like to talk about any problems that you may have had when you had this first thing done to stop the pregnancy? Did you have any bleeding? IF YES: Was it mild, moderate or severe?	MILD . . . . . 1 MODERATE . . . . . 2 SEVERE . . . . . 3 DID NOT HAVE BLEEDING . . . . . 4 DON'T KNOW 8	
313	Did you have any pain? IF YES: Was it mild, moderate or severe?	MILD . . . . . 1 MODERATE . . . . . 2 SEVERE . . . . . 3 DID NOT HAVE PAIN . . . . . 4 DON'T KNOW 8	
314	Did you have any fever? IF YES: Was it mild, moderate or severe?	MILD . . . . . 1 MODERATE . . . . . 2 SEVERE . . . . . 3 DID NOT HAVE FEVER . . . . . 4 DON'T KNOW 8	
315	Did you suffer any injury/perforation? IF YES: Was it mild, moderate or severe?	MILD . . . . . 1 MODERATE . . . . . 2 SEVERE . . . . . 3 DID NOT HAVE INJURY . . . . . 4 DON'T KNOW 8	
316	Did you have any foul-smelling vaginal discharge? IF YES: Was it mild, moderate or severe?	MILD . . . . . 1 MODERATE . . . . . 2 SEVERE . . . . . 3 DID NOT HAVE DISCHARGE . . . . . 4 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317	Did you have any other problems?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 319
318	What other problems did you have? THEN FOR EACH ADDITIONAL PROBLEM LISTED ASK: Was it mild, moderate or severe? CIRCLE THE APPROPRIATE CODE.	NO MORE MILD MODERATE SEVERE _____ 0 1 2 3 SPECIFY _____ 0 1 2 3 SPECIFY _____ 0 1 2 3 SPECIFY _____ 0 1 2 3 SPECIFY	
319	Were you given any pain relievers?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
320 320A	What was the last thing you did to end this pregnancy? What did you do to end this pregnancy?	DRANK MILK/COFFEE/OTHER LIQUID WITH LOTS OF SUGAR . . . . . 01 DRANK HERBAL CONCOCTION . . . . . 02 DRANK OTHER HOME REMEDIES . . . . . 03 USED ANY HERBAL ANEMA . . . . . 04 INSERTED HERB/OBJECT/OTHER SUBSTANCE IN THE VAGINA . . . . . 05 TOOK TABLETS . . . . . 06 HEAVY MASSAGE . . . . . 07 D & C . . . . . 08 MANUAL VACUUM ASPIRATION . . . . . 09 INJECTION . . . . . 10 SALINE INSTILLATION . . . . . 11 CYTOTEC TABLETS (MISOPROSTOL) . . . . . 12 OXYTOCIN . . . . . 13 CATHETER . . . . . 14 EXCESSIVE PHYSICAL ACTIVITY . . . . . 15 OTHER _____ 16 (SPECIFY)	
321	Who did you see to get this (last step) done?	HEALTH PROFESSIONAL DOCTOR . . . . . 01 NURSE/MIDWIFE . . . . . 02 AUXILIARY MIDWIFE . . . . . 03 OTHER PERSON PHARMACIST/CHEMICAL SELLER . . . . . 04 TRADITIONAL BIRTH ATTENDANT . . . . . 05 COMMUNITY HEALTH WORKER . . . . . 06 RELATIVE/FRIEND . . . . . 07 TRADITIONAL PRACTITIONER . . . . . 08 OTHER _____ 09 (SPECIFY) NO ONE 10	
322	Where did you go to get this (last step) done?	PUBLIC SECTOR GOVT. HOSPITAL/ POLYCLINIC . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVT. HEALTH POST/CLINIC . . . . . 13 MOBILE CLINIC . . . . . 14 OTHER PUBLIC _____ 15 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . 21 MOBILE CLINIC . . . . . 22 MATERNITY HOME . . . . . 23 PHARMACY/CHEMIST/DRUG STORE 24 OTHER PRIVATE MEDICAL _____ 25 (SPECIFY) HOME RESPONDENT'S HOME . . . . . 31 OTHER HOME . . . . . 32 TBA'S HOME . . . . . 33 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	Who paid to get this procedure done? PROBE: Anyone else? CIRCLE ALL MENTIONED.	RESPONDENT . . . . . A PARTNER . . . . . B MOTHER . . . . . C FATHER . . . . . D OTHER FAMILY MEMBER . . . . . E FRIEND . . . . . F OTHER _____ X (SPECIFY) NO ONE . . . . . Y	
324	Did you take any antibiotics after this abortion?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
325	Were you given any pain relievers?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
326	Did you have any local or general (intravenous) anethesia for this abortion? By local I mean an injection in the vagina opening?	LOCAL . . . . . 1 GENERAL . . . . . 2 NEITHER . . . . . 3 DON'T KNOW 8	
327	In the first one month after the abortion, did you have any health problems because of the abortion?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 338
328	Did you have any bleeding? IF YES: Was it mild, moderate or severe?	MILD . . . . . 1 MODERATE . . . . . 2 SEVERE . . . . . 3 DID NOT HAVE BLEEDING . . . . . 4 DON'T KNOW 8	
329	Did you have any pain? IF YES: Was it mild, moderate or severe?	MILD . . . . . 1 MODERATE . . . . . 2 SEVERE . . . . . 3 DID NOT HAVE PAIN . . . . . 4 DON'T KNOW 8	
330	Did you have any fever? IF YES: Was it mild, moderate or severe?	MILD . . . . . 1 MODERATE . . . . . 2 SEVERE . . . . . 3 DID NOT HAVE FEVER . . . . . 4 DON'T KNOW 8	
331	Did you suffer any injury/perforation? IF YES: Was it mild, moderate or severe?	MILD . . . . . 1 MODERATE . . . . . 2 SEVERE . . . . . 3 DID NOT HAVE INJURY . . . . . 4 DON'T KNOW 8	
332	Did you have any foul-smelling vaginal discharge? IF YES: Was it mild, moderate or severe?	MILD . . . . . 1 MODERATE . . . . . 2 SEVERE . . . . . 3 DID NOT HAVE DISCHARGE . . . . . 4 DON'T KNOW 8	
333	Did you have any other problems?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 335
334	What other problems did you have? THEN FOR EACH ADDITIONAL PROBLEM LISTED ASK: Was it mild, moderate or severe? CIRCLE THE APPROPRIATE CODE.	NO MORE MILD MODERATE SEVERE _____ 0 1 2 3 SPECIFY _____ 0 1 2 3 SPECIFY _____ 0 1 2 3 SPECIFY _____ 0 1 2 3 SPECIFY	
335	Did you get any treatment for the health problems you had because of the abortion? IF YES: What kind of treatment did you receive? CIRCLE ALL TREATMENTS MENTIONED.	OPERATION . . . . . A BLOOD TRANSFUSION . . . . . B ANTIBIOTICS . . . . . C OTHER _____ X (SPECIFY) NO TREATMENT . . . . . Y	→ 337

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
336	Where did you go to get this treatment? CIRCLE ALL SOURCES MENTIONED	PUBLIC SECTOR GOVT. HOSPITAL/ POLYCLINIC . . . . . A GOVT. HEALTH CENTER . . . . . B GOVT. HEALTH POST /CLINIC. . . . . C MOBILE CLINIC . . . . . D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . F MOBILE CLINIC . . . . . G MATERNITY HOME . . . . . H PHARMACY/CHEMIST/DRUG STORE I OTHER PRIVATE MEDICAL _____ J (SPECIFY) HOME RESPONDENT'S HOME . . . . . K OTHER HOME . . . . . L TBA'S HOME . . . . . M OTHER _____ X (SPECIFY)	→ 338
337	In the first one month after this abortion, how many nights did you spend in a health facility (including readmissions)? IF NONE RECORD '00'	NIGHTS . . . . . [ ][ ] DON'T KNOW 98	
338	Either before or after the abortion, did a doctor or other health worker visit you?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
339	After six months, did you have any health problems as a result of this abortion?	YES . . . . . 1 NO . . . . . 2 NOT YET SIX MONTHS . . . . . 3 DON'T KNOW 8	→ 341
340	What health problems did you have? PROBE: Any other? CIRCLE ALL MENTIONED.	ABDOMINAL PAIN . . . . . A STERILITY . . . . . B INFECTION . . . . . C LACK OF PERIOD D IRREGULAR PERIOD . . . . . E MORE PAINFUL PERIOD . . . . . F OTHER _____ X (SPECIFY)	
341	At the time you got pregnant, were you using any method of contraception? IF YES, ASK: What method of contraception were you using? IF MORE THAN ONE METHOD IS MENTIONED, CIRCLE THE HIGHEST METHOD ON THE LIST.	FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 MALE CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 LACTATIONAL AMEN. METHOD . . . . . 11 RHYTHM METHOD . . . . . 12 WITHDRAWAL . . . . . 13 NOT USING A METHOD 14 OTHER _____ 96 (SPECIFY)	
342	Either before or after the abortion, did a doctor or other health professional talk to you about contraception?	YES BEFORE THE ABORTION . . . . . 1 YES AFTER THE ABORTION . . . . . 2 BOTH BEFORE AND AFTER THE ABORTION . . . . 3 NO . . . . . 4 DON'T KNOW 8	
343	After this abortion, did a doctor or health worker give you a method, prescribe a method, or refer you to a family planning clinic?	YES GAVE METHOD . . . . . 1 YES PRESCRIBED A METHOD . . . . . 2 YES GAVE REFERREL . . . . . 3 NO . . . . . 4 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
344	CHECK 211: NO ABORTIONS ⌐ ONE OR MORE ABORTIONS →		349
345	Have you heard of abortion? IF NO PROBE: That is a woman can deliberately end a pregnancy that she does not want. Have you heard about this?	YES . . . . . 1 NO 2	→ 401
346	If you wanted to could you yourself get an abortion?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
347	Do you know where to go to get an abortion?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 349
348	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC . . . A GOVT. HEALTH CENTER . . . . . B GOVT. HEALTH POST /CLINIC. . . . . C MOBILE CLINIC . . . . . D FIELDWORKER . . . . . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . G PRIVATE DOCTOR . . . . . H MOBILE CLINIC . . . . . I PHARMACY/CHEMIST/DRUG STORE . . . . . J FIELDWORKER . . . . . K FP/PPAG CLINIC . . . . . L MATERNITY HOME . . . . . M OTHER PRIVATE MEDICAL _____ N (SPECIFY) OTHER SOURCE SHOP . . . . . O CHURCH . . . . . P FRIEND/RELATIVE . . . . . Q OTHER _____ X (SPECIFY)	
349	Is abortion legal in Ghana?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 401
350	Under what conditions is abortion legal in Ghana? PROBE: Anything else? CIRCLE ALL MENTIONED.	RAPE . . . . . A INCEST . . . . . B LIFE OF MOTHER IN DANGER . . . . . C RISK TO PHYSICAL HEALTH OF MOTHER D RISK TO MENTAL HEALTH OF MOTHER E FOETAL ABNORMALITY . . . . . F DURING FIRST TRIMESTER ONLY . . . . . G UP TO THE SECOND TRIMESTER . . . . . H MOTHER MENTALLY NOT SOUND . . . . . I DON'T KNOW . . . . . Z	

SECTION 4. MISCARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 236: ONE OR MORE MISCARRIAGES NO MISCARRIAGES → 501		
402	ENTER THE LINE NUMBER OF THE LAST PREGNANCY THAT ENDED IN A MISCARRIAGE IN 2002 OR LATER. ASK THE QUESTIONS ABOUT ONLY THIS LAST MISCARRIAGE. LINE NUMBER FROM 218	LAST MISCARRIAGE LINE NO. ☐☐	
403	You said you had a miscarriage in YEAR FROM Q.229. Now I would like to ask you some questions about this pregnancy that ended in an miscarriage.		
404	What caused this miscarriage to happen?	ACCIDENT . . . . . 01 ATE SOMETHING . . . . . 02 SOMEONE HURT ME . . . . . 03 SPONTANEOUS 04 OTHER _____ 06 (SPECIFY) DON'T KNOW 98	
405	Where did this miscarriage take place?	PUBLIC SECTOR GOVT. HOSPITAL/ POLYCLINIC . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVT. HEALTH POST/CLINIC . . . . . 13 MOBILE CLINIC . . . . . 14 OTHER PUBLIC _____ 15 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . 21 MOBILE CLINIC . . . . . 22 MATERNITY HOME . . . . . 23 PHARMACY/CHEMIST/DRUG STORE . . . . . 24 OTHER PRIVATE MEDICAL _____ 25 (SPECIFY) HOME RESPONDENT'S HOME . . . . . 31 OTHER HOME . . . . . 32 TBA'S HOME . . . . . 33 OTHER _____ 96 (SPECIFY)	
406	Did you seek help from anyone for this miscarriage? IF YES: Who did you see? PROBE: Anyone else? CIRCLE ALL MENTIONED.	HEALTH PROFESSIONAL DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B AUXILIARY MIDWIFE . . . . . C OTHER PERSON PHARMACIST/CHEMICAL SELLER . . . . . D TRADITIONAL BIRTH ATTENDANT . . . . . E COMMUNITY HEALTH WORKER . . . . . F RELATIVE/FRIEND . . . . . G TRADITIONAL PRACTITIONER . . . . . H OTHER _____ X (SPECIFY) NO ONE . . . . . Y	
407	Did you have your uterus cleaned after the miscarriage?	YES . . . . . 1 NO . . . . . 2 → 412	
408	What method was used to clean your uterus following the miscarriage?	D & C . . . . . 01 MANUAL VACUUM ASPIRATION . . . . . 02 TABLETS FOR INSERTION . . . . . 03 HERBAL MIXTURE INSERTION 04 OXYTOCIN 05 CATHETER 07 OTHER _____ 06 (SPECIFY) DON'T KNOW 98	
409	Did you have any local or general (intravenous) anethesia for this miscarriage? By local I mean an injection in the vagina opening?	LOCAL . . . . . 1 GENERAL . . . . . 2 NEITHER . . . . . 3 DON'T KNOW 8	
410	Were you given any pain relievers?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	Did you take any antibiotics after this procedure?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
412	In the first one month after the miscarriage, did you have any health problems because of the miscarriage?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 423
413	Did you have any bleeding? IF YES: Was it mild, moderate or severe?	MILD . . . . . 1 MODERATE . . . . . 2 SEVERE . . . . . 3 DID NOT HAVE BLEEDING . . . . . 4 DON'T KNOW 8	
414	Did you have any pain? IF YES: Was it mild, moderate or severe?	MILD . . . . . 1 MODERATE . . . . . 2 SEVERE . . . . . 3 DID NOT HAVE PAIN . . . . . 4 DON'T KNOW 8	
415	Did you have any fever? IF YES: Was it mild, moderate or severe?	MILD . . . . . 1 MODERATE . . . . . 2 SEVERE . . . . . 3 DID NOT HAVE FEVER . . . . . 4 DON'T KNOW 8	
416	Did you suffer any injury/perforation? IF YES: Was it mild, moderate or severe?	MILD . . . . . 1 MODERATE . . . . . 2 SEVERE . . . . . 3 DID NOT HAVE INJURY . . . . . 4 DON'T KNOW 8	
417	Did you have any foul-smelling vaginal discharge? IF YES: Was it mild, moderate or severe?	MILD . . . . . 1 MODERATE . . . . . 2 SEVERE . . . . . 3 DID NOT HAVE DISCHARGE . . . . . 4 DON'T KNOW 8	
418	Did you have any other problems?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 420
419	What other problems did you have? THEN FOR EACH ADDITIONAL PROBLEM LISTED ASK: Was it mild, moderate or severe? CIRCLE THE APPROPRIATE CODE.	NO MORE / MILD / MODERATE / SEVERE _____ SPECIFY: 0 1 2 3 _____ SPECIFY: 0 1 2 3 _____ SPECIFY: 0 1 2 3 _____ SPECIFY: 0 1 2 3	
420	Did you get any treatment for the health problems you had because of the miscarriage? IF YES: What kind of treatment did you receive? CIRCLE ALL TREATMENTS MENTIONED.	OPERATION . . . . . A BLOOD TRANSFUSION . . . . . B ANTIBIOTICS . . . . . C OTHER _____ (SPECIFY) X NO TREATMENT . . . . . Y	→ 422
421	Where did you go to get this treatment?	PUBLIC SECTOR GOVT. HOSPITAL/ POLYCLINIC . . . . . A GOVT. HEALTH CENTER . . . . . B GOVT. HEALTH POST/CLINIC . . . . . C MOBILE CLINIC . . . . . D OTHER PUBLIC _____ (SPECIFY) E PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . F MOBILE CLINIC . . . . . G MATERNITY HOME . . . . . H PHARMACY/CHEMIST/DRUG STORE . . . . . I OTHER PRIVATE MEDICAL _____ (SPECIFY) J HOME RESPONDENT'S HOME . . . . . K OTHER HOME . . . . . L TBA'S HOME . . . . . M OTHER _____ (SPECIFY) X	→ 423
422	In the first one month after this miscarriage, how many nights did you spend in a health facility (including readmissions)? IF NONE RECORD '00'	NIGHTS . . . . . ☐☐ DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
423	Either before or after the miscarriage, did a doctor or other health worker visit you?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
424	After six months, did you have any health problems as a result of this miscarriage?	YES . . . . . 1 NO . . . . . 2 NOT YET SIX MONTHS . . . . . 3 DON'T KNOW 8	→ 426
425	What health problems did you have? PROBE: Any other? CIRCLE ALL MENTIONED.	ABDOMINAL PAIN . . . . . A STERILITY . . . . . B INFECTION . . . . . C LACK OF PERIOD D IRREGULAR PERIOD . . . . . E MORE PAINFUL PERIOD . . . . . F OTHER _____ C (SPECIFY)	
426	At the time you got pregnant, were you using any method of contraception? IF YES, ASK: What method of contraception were you using? IF MORE THAN ONE METHOD IS MENTIONED, CIRCLE THE HIGHEST METHOD ON THE LIST.	FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 MALE CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 LACTATIONAL AMEN. METHOD . . . . . 11 RHYTHM METHOD . . . . . 12 WITHDRAWAL . . . . . 13 NOT USING A METHOD 14 OTHER _____ 96 (SPECIFY)	
427	Either before or after the miscarriage, did a doctor or other health professional talk to you about contraception?	YES BEFORE THE MISCARRIAGE . . . . . 1 YES AFTER THE MISCARRIAGE . . . . . 2 BOTH BEFORE AND AFTER THE MISCARRIAGE . . 3 NO . . . . . 4 DON'T KNOW 8	
428	After this miscarriage, did a doctor or health worker give you a method, prescribe a method, or refer you to a family planning clinic?	YES GAVE METHOD . . . . . 1 YES PRESCRIBED A METHOD . . . . . 2 YES GAVE REFERREL . . . . . 3 NO . . . . . 4 DON'T KNOW 8	

SECTION 5. ANTENATAL, DELIVERY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 224 AND 230: ONE OR MORE BIRTHS IN 2002 OR LATER → ONE OR MORE STILLBIRTHS Q.230 IS 7 MONTHS OR MORE → NO BIRTHS/STILLBIRTHS IN 2002 OR LATER		→ 601
502	CHECK 224, AND 230: ENTER IN THE TABLE THE LINE NUMBER AND NAME OF THE LAST BIRTH OR STILLBIRTH THAT TOOK PLACE IN 2002 OR LATER. IF THERE ARE MORE THAN ONE BIRTH OR STILLBIRTH ASK THE QUESTIONS ABOUT ONLY THE LAST BIRTH OR STILLBIRTH. FOR STILLBIRTHS WRITE 'BABY'.		
503	LINE NUMBER FROM 218	LAST BIRTH/STILLBIRTH LINE NO. ☐☐	
504	NAME FROM 222 IF NO NAME LISTED WRITE 'BABY'.	NAME _____	
505	Now I would like to ask you some questions about the health care you received while pregnant with NAME or after the birth of (NAME) born to you in the last five years.		
506	Did you see anyone for antenatal care during this pregnancy? IF YES: Who did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B AUXILIARY MIDWIFE . . . . . C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT . . . . . D UNTRAINED TRADITIONAL BIRTH ATTENDANT . . . . . E OTHER _____ X (SPECIFY) NO ONE . . . . . Y	→ 508
507	Why did you not see anyone? PROBE: Any other reason? CIRCLE ALL MENTIONED.	NOT NECESSARY A NOT CUSTOMARY . . . . . B LACK OF MONEY C TOO FAR . . . . . D TRANSPORTATION PROBLEM E NO ONE TO ACCOMPANY . . . . . F GOOD SERVICE NOT AVAILABLE G NOT PERMITTED BY FAMILY H BETTER SERVICE AT HOME I DID NOT KNOW WHERE TO GO J NO FEMALE DOCTOR AVAILABLE K INCONVENIENT SERVICE HOUR L AFRAID TO GO . . . . . M LONG WAITING TIME . . . . . N RELIGIOUS REASON O OTHER _____ X (SPECIFY)	→ 516
508	The very first time you went for antenatal care when you were pregnant with (NAME), did you go because of problems with the pregnancy or just for a checkup?	BECAUSE OF A PROBLEM . . . . . 1 JUST FOR A CHECKUP 2	→ 510
509	What problems did you have when you first went for antenatal care when you were pregnant with (NAME)? Anything else? CIRCLE ALL MENTIONED.	HEADACHE . . . . . A BLURRY VISION . . . . . B EDEMA/PRE-ECLAMSIA . . . . . C VAGINAL BLEEDING . . . . . D CONVULSIONS/ECLAMSIA . . . . . E TETANUS . . . . . F FOUL-SMELLING DISCHARGE . . . . . G LOWER ABDOMINAL PAIN . . . . . H FELL DOWN . . . . . I BABY MOVEMENT WAS LOW . . . . . J VARICOSE VEIN . . . . . K EXCESSIVE VOMITTING . . . . . L OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	Where did you receive antenatal care for this pregnancy? IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ NAME OF PLACE PROBE: Any other place? RECORD ALL PLACES MENTIONED.	HOME RESPONDENT'S HOME . . . . . A OTHER HOME . . . . . B PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC . . . . C GOVT. HEALTH CENTER . . . . . D GOVT. HEALTH POST/CLINIC . . . . . E MOBILE CLINIC . . . . . F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC . . . . . H MOBILE CLINIC . . . . . I MATERNITY HOME . . . . . J OTHER PRIVATE _____ K (SPECIFY) OTHER _____ X (SPECIFY)	
511	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . . . . ☐☐ DON'T KNOW 98	
512	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 98	
513	As part of your antenatal care during this pregnancy, were any of the following done at least once? Were you weighed? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT . . . . . 1 2 BP . . . . . 1 2 URINE . . . . . 1 2 BLOOD 1 2	
514	During (any of) your antenatal care visit (s), were you told about the signs of pregnancy complications?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 516
515	Were you told where to go if you had any of these complications?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
516	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 519
517	During this pregnancy, how many times did you get this tetanus injection?	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 98	
518	CHECK 517: OTHER ↓ TWO OR MORE TIMES →		→ 523
519	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 523
520	Before this pregnancy, how many other times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 98	
521	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH . . . . . ☐☐ DK MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 523
522	How many years ago did you receive that tetanus injection? injection?	YEARS AGO . . . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
523	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 525
524	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . . . . . [ ][ ][ ] DON'T KNOW 998	
525	During this pregnancy, did you take any drug for intestinal worms?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
526	Who assisted with the delivery of (NAME)? PROBE: Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B AUXILIARY MIDWIFE . . . . . C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT . . . . . D UNTRAINED TRADITIONAL BIRTH ATTENDANT . . . . . E RELATIVE/FRIEND . . . . . F OTHER _____ X (SPECIFY) NO ONE . . . . . Y	
527	Where did you give birth to (NAME)? IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ NAME OF PLACE	HOME RESPONDENT'S HOME . . . . . 01 OTHER HOME . . . . . 02 PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC . . . . 03 GOVT. HEALTH CENTER . . . . . 04 GOVT. HEALTH POST/CLINIC. . . . 05 OTHER PUBLIC _____ 06 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC . . . . . 07 MATERNITY HOME . . . . . 08 OTHER PRIVATE _____ 09 (SPECIFY) OTHER _____ 10 (SPECIFY)	→ 529
528	Why did you not deliver at a hospital or health center? PROBE: Any other reason? CIRCLE ALL MENTIONED.	NOT NECESSARY . . . . . A NOT CUSTOMARY . . . . . B LACK OF MONEY . . . . . C TOO FAR . . . . . D TRANSPORTATION PROBLEM . . . . . E NO ONE TO ACCOMPANY . . . . . F GOOD SERVICE NOT AVAILABLE . . . G NOT PERMITTED BY FAMILY . . . . . H BETTER SERVICE AT HOME . . . . . I DID NOT KNOW WHERE TO GO . . . J NO FEMALE DOCTOR AVAILABLE . . . K INCONVENIENT SERVICE HOUR . . . L AFRAID TO GO . . . . . M LONG WAITING TIME . . . . . N RELIGIOUS REASON . . . . . O OTHER . . . . . _____ X (SPECIFY)	→ 530
529	Were any of the following procedures performed at the time of delivery? a. Instruments were used to get the baby out (Forceps) b. Received blood transfusions. c. Received intravenous fluids (IV).	YES NO DK a. Forceps 1 2 8 b. Blood transfusion 1 2 8 c. Intravenous fluid 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
530	At any time just before, during or after the delivery of (NAME) did you suffer from any problems? IF YES: What problems did you have? Anything else? CIRCLE ALL MENTIONED.	HEADACHE . . . . . A BLURRY VISION . . . . . B EDEMA/PRE-ECLAMSIA . . . . . C EXCESSIVE BLEEDING . . . . . D CONVULSIONS/ECLAMSIA . . . . . E TETANUS . . . . . F FOUL-SMELLING DISCHARGE . . . . . G BABY MOVEMENT WAS LOW . . . . . H BABY'S HANDS/FEET CAME OUT FIRST . . . . . I PROLONGED LABOR . . . . . J OBSTRUCTED LABOR . . . . . K TORN UTERUS . . . . . L PLACENTA PREVIA/RETAINED . . . . . M HIGH FEVER . . . . . N FISTULA . . . . . 0 DID NOT HAVE ANY PROBLEMS . . . P OTHER _____ X (SPECIFY)	→ 540
531	Did you see anyone about this (these) problems?	YES . . . . . 1 NO 2	→533
532	Why did you not see anyone for the problems you had? PROBE: Any other reason? CIRCLE ALL MENTIONED.	NOT NECESSARY A NOT CUSTOMARY . . . . . B LACK OF MONEY C TOO FAR . . . . . D TRANSPORTATION PROBLEM E NO ONE TO ACCOMPANY . . . . . F GOOD SERVICE NOT AVAILABLE G NOT PERMITTED BY FAMILY H BETTER SERVICE AT HOME I DID NOT KNOW WHERE TO GO J NO FEMALE DOCTOR AVAILABLE K INCONVENIENT SERVICE HOUR L AFRAID TO GO . . . . . M LONG WAITING TIME . . . . . N RELIGIOUS REASON . . . . . O NOT LIFE THREATENING . . . . . P OTHER _____ X (SPECIFY)	→ 540
533	Who did you see about the problems you had PROBE: Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B AUXILIARY MIDWIFE . . . . . C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT . . . . . D UNTRAINED TRADITIONAL BIRTH ATTENDANT . . . . . E RELATIVE/FRIEND . . . . . F OTHER _____ X (SPECIFY) NO ONE . . . . . Y	
534	Where were you treated for this (these) problems? IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ NAME OF PLACE	HOME RESPONDENT'S HOME . . . . . A OTHER HOME . . . . . B PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC C GOVT. HEALTH CENTER . . . . . D GOVT. HEALTH POST/CLINIC. . . . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC . . . . . G MATERNITY HOME . . . . . H OTHER PRIVATE _____ I (SPECIFY) OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
535	Did your condition improve after you were treated at this place?	NO CHANGE . . . . . 1 IMPROVED . . . . . 2 WORSENED . . . . . 3 DON'T KNOW 8	
536	Were you referred or told to go to another place for treatment or advice?	YES . . . . . 1 NO 2	→540
537	Where were you referred to or told to go for treatment for this (these) problems? IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ NAME OF PLACE	PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC . .. . 01 GOVT. HEALTH CENTER . . . . . 02 GOVT. HEALTH POST/CLINIC . . . . 03 OTHER PUBLIC _____ 04 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC . . . . . 05 MATERNITY HOME . . . . . 06 OTHER PRIVATE _____ 07 (SPECIFY) OTHER _____ 16 (SPECIFY)	
538	Did you go to the place you were referred to or told to go for treatment?	YES . . . . . 1 NO 2	→540
539	Why did you not go to the referred place or any other place for treatment? PROBE: Any other reason? CIRCLE ALL MENTIONED.	NOT NECESSARY A NOT CUSTOMARY . . . . . B LACK OF MONEY C TOO FAR . . . . . D TRANSPORTATION PROBLEM E NO ONE TO ACCOMPANY . . . . . F GOOD SERVICE NOT AVAILABLE G NOT PERMITTED BY FAMILY H BETTER SERVICE AT HOME I DID NOT KNOW WHERE TO GO J NO FEMALE DOCTOR AVAILABLE K INCONVENIENT SERVICE HOUR L AFRAID TO GO . . . . . M LONG WAITING TIME . . . . . N RELIGIOUS REASON . . . . . O NOT LIFE THREATENING . . . . . P OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
540	CHECK 527: ANY CODES '03' TO '09' CIRCLED ↓ OTHER CODES CIRCLED → 543		
541	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998	
542	Was (NAME) delivered by cesarian section?	YES . . . . . 1 NO 2	
543	After (NAME) was born, did any one check on your health?	YES . . . . . 1 NO 2	→ 601
544	How long after (NAME) was delivered did the first check on your health take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998	
545	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . . 01 NURSE/MIDWIFE . . . . . 02 AUXILIARY MIDWIFE . . . . . 03 OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT . . . . . 04 UNTRAINED TRADITIONAL BIRTH ATTENDANT . . . . . 05 RELATIVE/FRIEND . . . . . 06 OTHER _____ 07 (SPECIFY) NO ONE 08	
548	Where did this first check on your health take place? IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ NAME OF PLACE	HOME RESPONDENT'S HOME . . . . . 01 OTHER HOME . . . . . 02 PUBLIC SECTOR GOVT. HOSPITAL/CLINIC . . . . . 03 GOVT. HEALTH CENTER . . . . . 04 GOVT. HEALTH POST . . . . . 05 OTHER PUBLIC _____ 06 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC . . . . . 07 MATERNITY HOME . . . . . 08 OTHER PRIVATE _____ 09 (SPECIFY) OTHER _____ 10 (SPECIFY)	

SECTION 6. CONTRACEPTION

601	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. Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? CIRCLE CODE 1 IN 601 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 601, 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 601, ASK 602.		602 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	Have you ever had an operation to avoid having any more children? YES . . . . . 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	Have you ever had a partner who had an operation to avoid having any more children? YES . . . . . 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
06	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.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
07	MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
09	LACTATIONAL AMENORRHEA METHOD (LAM)	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
10	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.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
11	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
12	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES . . . . . 1 NO . . . . . 2 YES . . . . . 1 NO 2
603	CHECK 602: NOT A SINGLE "YES" (NEVER USED) → AT LEAST ONE "YES" (EVER USED) → 606		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
604	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 611
605	What have you used or done? CORRECT 602 AND 603 (AND 601 IF NECESSARY).		
606	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN . . . . . ☐☐	
607	CHECK 602 (01): WOMAN NOT STERILIZED ☐ ↓ — WOMAN STERILIZED ☐		→ 610A
608	CHECK 238: NOT PREGNANT OR UNSURE ☐ ↓ — PREGNANT ☐		→ 611
609	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 611
610 610A	Which method are you using? **(3)** CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST. CIRCLE 'A' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B PILL . . . . . C IUD . . . . . D INJECTABLES . . . . . E IMPLANTS . . . . . F MALE CONDOM . . . . . G FEMALE CONDOM . . . . . H DIAPHRAGM . . . . . I FOAM/JELLY . . . . . J LACTATIONAL AMEN. METHOD . . . . . K RHYTHM METHOD . . . . . L WITHDRAWAL . . . . . M OTHER _____ X (SPECIFY)	→ 701
611	Do you know of a place where you can obtain a method of family planning?	YES . . . . . 1 NO 2	→ 701
612	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC . . . A GOVT. HEALTH CENTER . . . . . B GOVT. HEALTH POST/CLINIC . . . . . C FAMILY PLANNING CLINIC . . . . . D MOBILE CLINIC . . . . . E FIELDWORKER . . . . . F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . H PRIVATE DOCTOR . . . . . I MOBILE CLINIC . . . . . J PHARMACY/CHEMIST/DRUG STORE . . . . . K FIELDWORKER . . . . . L FP/PPAG CLINIC . . . . . M MATERNITY HOME . . . . . N OTHER PRIVATE MEDICAL _____ O (SPECIFY) OTHER SOURCE SHOP . . . . . P CHURCH . . . . . Q FRIEND/RELATIVE . . . . . R OTHER _____ X (SPECIFY)	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED . . . . . 1 YES, LIVING WITH A MAN . . . . . 2 NO, NOT IN UNION 3	→ 704
702	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED . . . . . 1 YES, LIVED WITH A MAN . . . . . 2 NO 3	→ 708
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 705
704	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER . . . . . 1 STAYING ELSEWHERE 2	
705	Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	
706	CHECK 705: MARRIED/ LIVED WITH A MAN ONLY ONCE → In what month and year did you start living with your husband/partner? MARRIED/ LIVED WITH A MAN MORE THAN ONCE → Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 708
707	How old were you when you first started living with him?	AGE . . . . . ☐☐	
708	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
709	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?	NEVER HAD SEXUAL INTERCOURSE . . . . . 00 AGE IN YEARS . . . . . ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 712 → 712
710	CHECK 104: AGE 15-24 → AGE 25-49		→ 801
711	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	→ 801
712	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . . 1 ☐☐ WEEKS AGO . . . . . 2 ☐☐ MONTHS AGO . . . . . 3 ☐☐ YEARS AGO . . . . . 4 ☐☐	

SECTION 8. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER	
802	CHECK 801: TWO OR MORE BIRTHS ☐ ONLY ONE BIRTH (RESPONDENT ONLY) ☐ → 814		
803	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS	

804	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____
805	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
806	Is (NAME) still alive?	YES . . . 1 NO . . . 2 GO TO 808 DK . . . 8 GO TO (2)	YES . . . 1 NO . . . 2 GO TO 808 DK . . . 8 GO TO (3)	YES . . . 1 NO . . . 2 GO TO 808 DK . . . 8 GO TO (4)	YES . . . 1 NO . . . 2 GO TO 808 DK . . . 8 GO TO (5)	YES . . . 1 NO . . . 2 GO TO 808 DK . . . 8 GO TO (6)	YES . . . 1 NO . . . 2 GO TO 808 DK . . . 8 GO TO (7)
807	How old is (NAME)?	☐☐ GO TO (2)	☐☐ GO TO (3)	☐☐ GO TO (4)	☐☐ GO TO (5)	☐☐ GO TO (6)	☐☐ GO TO (7)
808	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
809	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)
810	Was (NAME) pregnant when she died?	YES . . . 1 GO TO 813 NO . . . 2	YES . . . 1 GO TO 813 NO . . . 2	YES . . . 1 GO TO 813 NO . . . 2	YES . . . 1 GO TO 813 NO . . . 2	YES . . . 1 GO TO 813 NO . . . 2	YES . . . 1 GO TO 813 NO . . . 2
811	Did (NAME) die during childbirth?	YES . . . 1 GO TO 813 NO . . . 2	YES . . . 1 GO TO 813 NO . . . 2	YES . . . 1 GO TO 813 NO . . . 2	YES . . . 1 GO TO 813 NO . . . 2	YES . . . 1 GO TO 813 NO . . . 2	YES . . . 1 GO TO 813 NO . . . 2
812	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
813	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

IF NO MORE BROTHERS OR SISTERS, GO TO 814.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
804	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
805	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
806	Is (NAME) still alive?	YES . . . 1 NO . . . 2 GO TO 808 DK . . . 8 GO TO (8)	YES . . . 1 NO . . . 2 GO TO 808 DK . . . 8 GO TO (9)	YES . . . 1 NO . . . 2 GO TO 808 DK . . . 8 GO TO (10)	YES . . . 1 NO . . . 2 GO TO 808 DK . . . 8 GO TO (11)	YES . . . 1 NO . . . 2 GO TO 808 DK . . . 8 GO TO (12)	YES . . . 1 NO . . . 2 GO TO 808 DK . . . 8 GO TO (13)
807	How old is (NAME)?	☐☐ GO TO (8)	☐☐ GO TO (9)	☐☐ GO TO (10)	☐☐ GO TO (11)	☐☐ GO TO (12)	☐☐ GO TO (13)
808	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
809	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
810	Was (NAME) pregnant when she died?	YES . . . 1 GO TO 813 NO . . . 2	YES . . . 1 GO TO 813 NO . . . 2	YES . . . 1 GO TO 813 NO . . . 2	YES . . . 1 GO TO 813 NO . . . 2	YES . . . 1 GO TO 813 NO . . . 2	YES . . . 1 GO TO 813 NO . . . 2
811	Did (NAME) die during childbirth?	YES . . . 1 GO TO 813 NO . . . 2	YES . . . 1 GO TO 813 NO . . . 2	YES . . . 1 GO TO 813 NO . . . 2	YES . . . 1 GO TO 813 NO . . . 2	YES . . . 1 GO TO 813 NO . . . 2	YES . . . 1 GO TO 813 NO . . . 2
812	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
813	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
IF NO MORE BROTHERS OR SISTERS, GO TO 814.							
814	RECORD THE TIME.	HOURS . . . . . ☐☐ MINUTES . . . . . ☐☐					

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____