QUESTIONNAIRES

Appendix **F**

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2014 LESOTHO DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

EA NUMBER	EA NUMBER
HOUSEHOLD NUMBER	HH NUMBER
LESOTHO ECOLOGICAL ZONE (LOWLANDS=1, FOOTHILLS=2, MOUNTAINS=3, SENQU RIVER VALLEY=4)	ECOLOGICAL ZONE
DISTRICT CODE*	DISTRICT*
URBAN/RURAL (URBAN=1, RURAL=2)	URBAN/RURAL
HOUSEHOLD SELECTED FOR MALE SURVEY AND BIOMARKER COLLECTION (YES=1, NO=2)	

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
				YEAR 2014
INTERVIEWER'S NAME				INT. NUMBER
RESULT CODE**				RESULT CODE**
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

**RESULT CODES:

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

LANGUAGE OF QUESTIONNAIRE*** **2** **English**

LANGUAGE OF INTERVIEW*** ____

***LANGUAGE CODES:
1 SESOTHO 2 ENGLISH

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

SUPERVISOR

NAME _____

DATE _____ ___

*DISTRICT CODES:

01 BUTHA-BUTHE	05 MAFETENG	09 MOKHOTLONG
02 LERIBE	06 MOHALE'S HOEK	10 THABA-TSEKA
03 BEREA	07 QUTHING	
04 MASERU	08 QACHA'S NEK	

SECTION 1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello. My name is _____. I am working with the Ministry of Health. We are conducting a survey about health all over the country. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.
Do you have any questions? 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 . . . . . ☐☐	
101A	CHECK COVER PAGE OF WOMAN'S QUESTIONNAIRE: IS HOUSEHOLD SELECTED FOR MALE SURVEY AND BIOMARKERS? YES ☐ ↓ NO ☐ →		102
101B	During the interview I would like to measure your blood pressure. This will be done three times during the interview. This is a harmless procedure. It is used to find out if a person has high blood pressure. If it is not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the interview together with an explanation of the meaning of your blood pressure numbers. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. Do you have any questions about the blood pressure measurement so far? If you have any questions about the procedure at any time, please ask me. You can say yes or no to having the blood pressure measurement now. You can also decide at any time not to participate in the blood pressure measures. Would you allow me to proceed to take your blood pressure measurement at this time? Signature of interviewer: _____ Date: _____ RESPONDENT AGREES . . . . . 1 ↓ RESPONDENT DOES NOT AGREE . . . . . 2→ 102		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101C	Before taking your blood pressure, I would like to ask a few questions about things that may affect these measurements. Have you done any of the following within the past 30 minutes: a) Eaten anything? b) Had coffee, tea, cola or other drink that has caffeine? c) Smoked any tobacco product?	YES NO a) EATEN . . . . . 1 2 b) HAD CAFFEINATED DRINK . 1 2 c) SMOKED 1 2	
101D	May I begin the process of measuring your blood pressure? BEFORE TAKING THE FIRST BLOOD PRESSURE READING, MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.	ARM CIRCUMFERENCE (IN CENTIMETRES)	
101E	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE CUFF SIZE. RECORD THE CODE FOR THE CUFF SIZE.	SMALL: 17 CM – 22 CM . . . . . 1 MEDIUM: 23 CM – 32 CM . . . . . 2 LARGE: 33 CM – 42 CM 3	
101F	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	SYSTOLIC . . . . . DIASTOLIC . . . . . REFUSED . . . . . 994 TECHNICAL PROBLEMS . . . . . 995 OTHER 996	
102	In what month and year were you born?	MONTH . . . . . DON'T KNOW MONTH . . . . . 98 YEAR . . . . . DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
104	Have you ever attended school?	YES . . . . . 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY . . . . . 1 VOCATIONAL/TECHNICAL TRAINING AFTER PRIMARY . . . . . 2 SECONDARY/HIGH . . . . . 3 VOCATIONAL/TECHNICAL TRAINING AFTER SECONDARY/HIGH . . . . . 4 COLLEGE . . . . . 5 GRADUATE/POST GRADUATE 6	
106	What is the highest (standard/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	STANDARD/FORM/YEAR . . .	
107	CHECK 105: PRIMARY VOCATIONAL / TECH. AFTER PRIMARY ↓ SECONDARY OR HIGHER →		→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL . . . . . 1 ABLE TO READ ONLY PARTS OF SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE . 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
109	CHECK 108: CODE '2', '3' OR '4' RECORDED ☐ CODE '1' OR '5' RECORDED ☐ → 111		
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
113	What religion do you belong to? IF CHRISTIAN: What church do you belong to?	ROMAN CATHOLIC CHURCH . . . . . 01 LESOTHO EVANGELICAL CHURCH 02 METHODIST . . . . . 03 ANGLICAN CHURCH . . . . . 04 SEVENTH DAY ADVENTIST . . . . . 05 PENTECOSTAL . . . . . 06 OTHER CHRISTIAN . . . . . 07 ISLAM . . . . . 08 HINDU . . . . . 09 NONE . . . . . 10 OTHER RELIGION 96	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES . . . . . ☐☐ NONE 00	→ 122
116	In the last 12 months, have you been away from home for more than one month at a time?	YES . . . . . 1 NO 2	→ 122
117	The last time you were away for more than a month, how many months were you away? IF 12 MONTHS OR MORE, RECORD '95.'	NUMBER OF MONTHS . . . . . ☐☐ 12 OR MORE MONTHS 95	
118	Where did you go?	ELSEWHERE IN LESOTHO . . . . . 1 RSA . . . . . 2 OTHER 3	
120	Why did you go there? PROBE: What was the main purpose of your trip?	WORK . . . . . 1 SCHOOL/UNIVERSITY . . . . . 2 FAMILY/MARRIAGE . . . . . 3 ACCESS HEALTH OR OTHER SERVICES . . . . . 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
121	CHECK 117: '1' or '2' MONTHS → ☐ '3' OR MORE MONTHS → ☐ → 125		
122	In the last 5 years, how many times have you been away from home for three or more months at a time?	NUMBER OF TIMES . . . . . ☐☐ NONE 00	→ 201
123	The most recent time you were away from home for three or more months, where did you go?	ELSEWHERE IN LESOTHO . . . . . 1 RSA . . . . . 2 OTHER 6	
124	Why did you go there? PROBE: What was the main purpose of your trip?	WORK . . . . . 1 SCHOOL/UNIVERSITY . . . . . 2 FAMILY/MARRIAGE . . . . . 3 ACCESS HEALTH OR OTHER SERVICES . . . . . 4 OTHER 6	→ 201
125	Including the time you already mentioned, in the last 5 years, how many times have you been away from home for three or more months at a time?	NUMBER OF TIMES . . . . . ☐☐ ONE TIME 01	

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	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME . . . . . [ ][ ] b) 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	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE . . . . . [ ][ ] b) DAUGHTERS ELSEWHERE . [ ][ ]	
206	Have you ever given birth to a son or a daughter 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	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD . . . . . [ ][ ] b) GIRLS DEAD . . . . . [ ][ ]	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS . . . . . [ ][ ]	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES ☐ ↓ NO ☐ → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS ☐ ↓ NO BIRTHS ☐ →		→ 226

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.
(IF THERE ARE MORE THAN 6 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

212 What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: When is his/her birthday?	215A IF BIRTH SINCE JANUARY 2009: ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. ASK THE NUMBER OF MONTHS THE PREGANANCY LASTED AND RECORD BELOW. IN THE CALENDAR, PLACE A 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF THE PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	220 IF 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.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	MONTHS	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER NEXT BIRTH	DAYS . . . 1 MONTHS 2 YEARS . . 3	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	MONTHS	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER GO TO 221	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	MONTHS	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER GO TO 221	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	MONTHS	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER GO TO 221	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	MONTHS	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER GO TO 221	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	MONTHS	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER GO TO 221	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.	YES . . . . . 1 NO 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME ☐↓ NUMBERS ARE DIFFERENT ☐→ (PROBE AND RECONCILE)		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2009 OR LATER.	NUMBER OF BIRTHS . . . . . ☐ NONE 0	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226	Are you pregnant now?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	→ 230
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. **C** ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS	
228	When you got pregnant, did you want to get pregnant at that time?	YES . . . . . 1 NO 2	→ 230
229	Did you want to have a baby later on or did you not want any (more) children?	LATER . . . . . 1 NO MORE 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES . . . . . 1 NO 2	→ 238
231	When did the last such pregnancy end?	MONTH . . . . . YEAR	
232	CHECK 231: LAST PREGNANCY ENDED IN JANUARY 2009 OR LATER → 233 LAST PREGNANCY ENDED BEFORE JANUARY 2009 → 238		

C	232A In what month and year did that pregnancy end?	233 How many months pregnant were you when that pregnancy ended?	234 Since January 2009, have you had any other pregnancies that did not result in a live birth?	
01		NUMBER OF MONTHS	YES . . . . . 1 NO 2	→ NEXT LINE → 235
02	MONTH YEAR	NUMBER OF MONTHS	YES . . . . . 1 NO 2	→ NEXT LINE → 235
03	MONTH YEAR	NUMBER OF MONTHS	YES . . . . . 1 NO 2	→ NEXT LINE → 235
04	MONTH YEAR	NUMBER OF MONTHS	YES . . . . . 1 NO 2	→ 235

235	**C** FOR EACH PREGNANCY THAT DID NOT RESULT IN A LIVE BIRTH IN JANUARY 2009 OR LATER, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY. IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
236	Did you have any miscarriages, abortions or stillbirths that ended before 2009?	YES . . . . . 1 NO 2	→ 238
237	When did the last such pregnancy that terminated before 2009 end?	MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	
238	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	
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 301
240	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . . 1 DURING HER PERIOD . . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	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. Have you ever heard of (METHOD)?		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
03	IUCD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	
04	Injectables/Depo. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	
05	Implants. PROBE: Women can have one or more 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	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	
07	Male condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES . . . . . 1 NO 2	
09	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES . . . . . 1 NO 2	
10	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES . . . . . 1 NO 2	
11	Emergency Contraception/Morning After Pill. PROBE: As an emergency measure, within five days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES . . . . . 1 NO 2	
12	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	
302	CHECK 226: NOT PREGNANT OR UNSURE PREGNANT → 311		
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . . 1 NO . . . . . 2 → 311	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B IUCD . . . . . C INJECTABLES . . . . . D IMPLANTS . . . . . E PILL . . . . . F MALE CONDOM . . . . . G FEMALE CONDOM . . . . . H RHYTHM METHOD . . . . . I WITHDRAWAL . . . . . J OTHER MODERN METHOD . . . . . X OTHER TRADITIONAL METHOD . . . Y	→ 307 → 308A
307	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVT. HOSPITAL . . . . . 11 FAMILY PLANNING CLINIC . . . . . 12 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . 21 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) **CHAL** CHAL HOSPITAL . . . . . 31 FACILITY OUTSIDE LESOTHO . . . . . 41 OTHER _____ 96 (SPECIFY)	
308	In what month and year was the sterilization performed?	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
308A	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?		
309	CHECK 308/308A, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A — YES ☐ NO ☐ GO BACK TO 308/308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).		
310	CHECK 308/308A: YEAR IS 2009 OR LATER ☐ **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. YEAR IS 2008 OR EARLIER ☐ **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2009. THEN SKIP TO → 322		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years. **C** PROBE FOR EARLIER INTERVALS OF USE AND NONUSE, STARTING WITH MOST RECENT GAP BACK TO JANUARY 2009. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. ENTER METHOD AND DISCONTINUATION CODES FROM THE CALENDAR.		

311A	INTERVAL OF USE OR NON-USE	COLUMN 1	COLUMN 2	COLUMN 3
311B	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH ☐☐ YR. ☐☐☐☐	MONTH ☐☐ YR. ☐☐☐☐	MONTH ☐☐ YR. ☐☐☐☐
311C	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your (husband/partner) use any method of contraception?	YES, USED A METHOD . . . . . 1 NO, DID NOT USE A METHOD . . . 2 (GO TO 311B OF NEXT COL.)	YES, USED A METHOD . . . . . 1 NO, DID NOT USE A METHOD . . . 2 (GO TO 311B OF NEXT COL.)	YES, USED A METHOD . . . . . 1 NO, DID NOT USE A METHOD . . . 2 (GO TO 311B OF NEXT COL.)
311D	Which method was that? SEE CALENDAR FOR CODES.	METHOD . . . . . ☐	METHOD . . . . . ☐	METHOD . . . ☐
311E	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? RECORD '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY . 00 MONTHS ☐☐ (GO TO 311G) DATE GIVEN . . . 95	IMMEDIATELY . 00 MONTHS ☐☐ (GO TO 311G) DATE GIVEN . . . 95	IMMEDIATELY . 00 MONTHS ☐☐ (GO TO 311G) DATE GIVEN . . . 95
311F	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH ☐☐ YR. ☐☐☐☐	MONTH ☐☐ YR. ☐☐☐☐	MONTH ☐☐ YR. ☐☐☐☐
311G	For how many months did you use (METHOD)? RECORD '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	MONTHS ☐☐ (GO TO 311J) DATE GIVEN . . . 95	MONTHS ☐☐ (GO TO 311J) DATE GIVEN . . . 95	MONTHS ☐☐ (GO TO 311J) DATE GIVEN . . . 95
311H	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH ☐☐ YR. ☐☐☐☐	MONTH ☐☐ YR. ☐☐☐☐	MONTH ☐☐ YR. ☐☐☐☐
311J	Why did you stop using (METHOD)? SEE CALENDAR FOR CODES.	REASON STOPPED . ☐	REASON STOPPED . ☐	REASON STOPPED ☐
311K		GO BACK TO 311B IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 312.	GO BACK TO 311B IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 312.	GO BACK TO 311B IN NEW QUESTIONNAIRE; OR, IF NO MORE GAPS, GO TO 312.

312	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH. NO METHOD USED ☐ ANY METHOD USED ☐ → 314
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant? — YES . . . . . 1; NO . . . . . 2 → 324

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314	CHECK 304: RECORD METHOD CODE: IF MORE THAN ONE METHOD CODE RECORDED IN 304, RECORD CODE FOR HIGHEST METHOD IN LIST.	NO CODE RECORDED . . . . . 00 FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 IUCD . . . . . 03 INJECTABLES . . . . . 04 IMPLANTS . . . . . 05 PILL . . . . . 06 MALE CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 RHYTHM METHOD . . . . . 09 WITHDRAWAL . . . . . 10 OTHER MODERN METHOD . . . . . 95 OTHER TRADITIONAL METHOD 96	→ 324 → 317A → 326 → 315A → 326
315	You first started using (CURRENT METHOD) in (DATE FROM 308/308A). Where did you get it at that time?	**PUBLIC SECTOR** GOVT. HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVT. HEALTH POST . . . . . 13 FAMILY PLANNING CLINIC . . . . . 14 OTHER PUBLIC SECTOR _____ 16 (SPECIFY)	
315A	Where did you learn how to use the rhythm method? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . 21 PHARMACY . . . . . 22 PRIVATE DOCTOR . . . . . 23 LESOTHO PLANNED PARENTHOOD 24 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) **CHAL** CHAL HOSPITAL . . . . . 31 CHAL HEALTH CENTER . . . . . 32 CHAL HEALTH POST . . . . . 33 RED CROSS HEALTH CENTER . . . . . 41 CBD . . . . . 51 VILLAGE HEALTH WORKER . . . . . 52 SUPPORT GROUPS . . . . . 53 FACILITY OUTSIDE LESOTHO . . . . . 61 **OTHER SOURCE** SHOP . . . . . 71 CHURCH . . . . . 72 PEER EDUCATORS . . . . . 73 FRIEND/RELATIVE . . . . . 74 OTHER _____ 96 (SPECIFY)	
316	CHECK 304: RECORD METHOD CODE: IF MORE THAN ONE METHOD CODE RECORDED IN 304, RECORD CODE FOR HIGHEST METHOD IN LIST.	IUCD . . . . . 03 INJECTABLES . . . . . 04 IMPLANTS . . . . . 05 PILL . . . . . 06 MALE CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 RHYTHM METHOD 09	 → 323 → 320 → 326
317	At that time, were you told about side effects or problems you might have with the method?	YES . . . . . 1 NO 2	→ 319
317A	When you got sterilized, were you told about side effects or problems you might have with the method?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES . . . . . 1 NO 2	→ 320
319	Were you told what to do if you experienced side effects or problems?	YES . . . . . 1 NO 2	
320	CHECK 317: CODE '1' RECORDED ↓ a) At that time, were you told about other methods of family planning that you could use? CODE '1' NOT RECORDED ↓ b) When you obtained (CURRENT METHOD FROM 314) from (SOURCE OF METHOD FROM 307 OR 315), were you told about other methods of family planning that you could use?	YES . . . . . 1 NO 2	→ 322
321	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES . . . . . 1 NO 2	
322	CHECK 304: RECORD METHOD CODE: IF MORE THAN ONE METHOD CODE RECORDED IN 304, RECORD CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 IUCD . . . . . 03 INJECTABLES . . . . . 04 IMPLANTS . . . . . 05 PILL . . . . . 06 MALE CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 RHYTHM METHOD . . . . . 09 WITHDRAWAL . . . . . 10 OTHER MODERN METHOD . . . . . 95 OTHER TRADITIONAL METHOD . . . 96	→ 326 → 326
323	Where did you obtain (CURRENT METHOD) the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVT. HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVT. HEALTH POST . . . . . 13 FAMILY PLANNING CLINIC . . . . . 14 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . 21 PHARMACY . . . . . 22 PRIVATE DOCTOR . . . . . 23 LESOTHO PLANNED PARENTHOOD 24 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) **CHAL** CHAL HOSPITAL . . . . . 31 CHAL HEALTH CENTER . . . . . 32 CHAL HEALTH POST . . . . . 33 RED CROSS HEALTH CENTER . . . . . 41 CBD . . . . . 51 VILLAGE HEALTH WORKER . . . . . 52 SUPPORT GROUPS . . . . . 53 FACILITY OUTSIDE LESOTHO . . . . . 61 **OTHER SOURCE** SHOP . . . . . 71 CHURCH . . . . . 72 PEER EDUCATORS . . . . . 73 FRIEND/RELATIVE . . . . . 74 OTHER _____ 96 (SPECIFY)	→ 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	Do you know of a place where you can obtain a method of family planning?	YES . . . . . 1 NO 2	→ 326
325	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVT. HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B GOVT. HEALTH POST . . . . . C FAMILY PLANNING CLINIC . . . . . D OTHER PUBLIC SECTOR _____ E (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . F PHARMACY . . . . . G PRIVATE DOCTOR . . . . . H LESOTHO PLANNED PARENTHOOD I OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY) **CHAL** CHAL HOSPITAL . . . . . K CHAL HEALTH CENTER . . . . . L CHAL HEALTH POST . . . . . M RED CROSS HEALTH CENTER . . . . . N CBD . . . . . O VILLAGE HEALTH WORKER . . . . . P SUPPORT GROUPS . . . . . Q FACILITY OUTSIDE LESOTHO . . . . . R **OTHER SOURCE** SHOP . . . . . S CHURCH . . . . . T PEER EDUCATORS . . . . . U FRIEND/RELATIVE . . . . . V OTHER _____ X (SPECIFY)	
326	In the last 12 months, were you visited by a fieldworker or a community-based distributor (CBD) who talked to you about family planning?	YES . . . . . 1 NO 2	
327	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES . . . . . 1 NO 2	→ 401
328	Did any staff member at the health facility speak to you about family planning methods?	YES . . . . . 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2009 OR LATER ☐ ↓ NO BIRTHS IN 2009 OR LATER ☐ → 556			
402	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2009 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRE(S)). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)			
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER ☐☐	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER ☐☐	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER ☐☐
404	FROM 212 AND 216	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES . . . . . 1 (SKIP TO 408) ← NO 2	YES . . . . . 1 (SKIP TO 430) ← NO 2	YES . . . . . 1 (SKIP TO 430) ← NO 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER . . . . . 1 NO MORE . . . . . 2 (SKIP TO 408) ←	LATER . . . . . 1 NO MORE . . . . . 2 (SKIP TO 430) ←	LATER . . . . . 1 NO MORE . . . . . 2 (SKIP TO 430) ←
407	How much longer did you want to wait?	MONTHS . 1 ☐☐ YEARS . 2 ☐☐ DON'T KNOW . . . 998	MONTHS . 1 ☐☐ YEARS . 2 ☐☐ DON'T KNOW . . . 998	MONTHS . 1 ☐☐ YEARS . 2 ☐☐ DON'T KNOW . . . 998
408	Did you see anyone for antenatal care for this pregnancy?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 415) ←		
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	**HEALTH PERSONNEL** DOCTOR . . . . . A NURSE/MIDWIFE . B **OTHER PERSON** COMM. HEALTH WORKER . . . . . C OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
410	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVT. HOSPITAL A GOVT. HEALTH CENTER . . . . . B GOVT. HEALTH POST . . . . . C OTHER PUBLIC SECTOR _____ D (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . . E OTHER PRIVATE MED. SECTOR _____ F (SPECIFY) **CHAL** CHAL HOSPITAL . G CHAL HEALTH CENTER . . . . . H CHAL HEALTH POST . . . . . I RED CROSS HEALTH CENTER J FACILITY OUTSIDE LESOTHO . . . . . K OTHER_____ X (SPECIFY)		
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . . ☐☐ DON'T KNOW 98		
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES ☐☐ DON'T KNOW 98		
412A	How many months pregnant were you the last time you received antenatal care for this pregnancy?	MONTHS . . . ☐☐ DON'T KNOW 98		
413	As part of your antenatal care during this pregnancy, were any of the following done at least once: a) Was your blood pressure measured? b) Did you give a urine sample? c) Did you give a blood sample?	YES NO a) BP . . . . . 1 2 b) URINE . . . 1 2 c) BLOOD . 1 2		
414	During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 418) DON'T KNOW 8		
416	During this pregnancy, how many times did you get a tetanus injection?	TIMES . . . . . [ ] DON'T KNOW 8		
417	CHECK 416:	2 OR MORE TIMES (SKIP TO 421) OTHER		
418	At any time before this pregnancy, did you receive any tetanus injections?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 421) DON'T KNOW . . . 8		
419	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES . . . . . [ ] DON'T KNOW 8		
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO . . . [ ][ ]		
421	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS.	YES . . . . . 1 NO . . . . . 2 (SKIP TO 430) DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . [ ][ ][ ] DON'T KNOW . . . 998		
430	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8
431	Was (NAME) weighed at birth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 433) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 433) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 433) DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
432	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH BOOKLET, IF AVAILABLE.	KG FROM BOOKLET 1 . . . ☐☐.☐☐ KG FROM RECALL 2 . . . ☐☐.☐☐ DON'T KNOW . . . 9998	KG FROM BOOKLET 1 . . . ☐☐.☐☐ KG FROM RECALL 2 . . . ☐☐.☐☐ DON'T KNOW . . . 9998	KG FROM BOOKLET 1 . . . ☐☐.☐☐ KG FROM RECALL 2 . . . ☐☐.☐☐ DON'T KNOW . . . 9998
433	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	**HEALTH PERSONNEL** DOCTOR . . . . . A NURSE/MIDWIFE . B COMMUNITY HLTH WORKER C **OTHER PERSON** TRAD'L HEALER . D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y	**HEALTH PERSONNEL** DOCTOR . . . . . A NURSE/MIDWIFE . B COMMUNITY HLTH WORKER C **OTHER PERSON** TRAD'L HEALER . D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y	**HEALTH PERSONNEL** DOCTOR . . . . . A NURSE/MIDWIFE . B COMMUNITY HLTH WORKER C **OTHER PERSON** TRAD'L HEALER . D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y
434	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**HOME** YOUR HOME . . . 11 (SKIP TO 437A) OTHER HOME . . . 12 **PUBLIC SECTOR** GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. HEALTH POST . . . . . 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY) **CHAL** CHAL HOSPITAL 41 CHAL HEALTH CENTRE . . . . . 42 CHAL HLTH POST 43 RED CROSS HEALTH CENTER . . . . . 51 FACILITY OUTSIDE LESOTHO . . . . . 61 OTHER _____ 96 (SPECIFY) (SKIP TO 437A)	**HOME** YOUR HOME . . . 11 (SKIP TO 448) OTHER HOME . . . 12 **PUBLIC SECTOR** GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. HEALTH POST . . . . . 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY) **CHAL** CHAL HOSPITAL 41 CHAL HEALTH CENTRE . . . . . 42 CHAL HLTH POST 43 RED CROSS HEALTH **CENTER** . . . . . 51 FACILITY OUTSIDE **LESOTHO** . . . . . 61 OTHER _____ 96 (SPECIFY) (SKIP TO 448)	**HOME** YOUR HOME . . . 11 (SKIP TO 448) OTHER HOME . . . 12 **PUBLIC SECTOR** GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. HEALTH POST . . . . . 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY) **CHAL** CHAL HOSPITAL 41 CHAL HEALTH CENTRE . . . . . 42 CHAL HLTH POST 43 RED CROSS HEALTH CENTER . . . . . 51 FACILITY OUTSIDE LESOTHO . . . . . 61 OTHER _____ 96 (SPECIFY) (SKIP TO 448)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
434A	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		
435	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
436	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES . . . . . 1 (SKIP TO 439) NO 2		
437	Did anyone check on your health after you left the facility?	YES . . . . . 1 (SKIP TO 439) NO . . . . . 2 (SKIP TO 442)		
437A	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH . A FACILITY NOT OPEN B TOO FAR/NO TRANS-PORTATION . . . C DON'T TRUST FACILITY/POOR QUALITY SERVICE D NEAREST FACILITY DOESN'T PROVIDE SERVICES . . . . . E HUSBAND/FAMILY DID NOT ALLOW . F NOT NECESSARY . G NOT CUSTOMARY . H WAS OUTSIDE OF LESOTHO . . . . . I OTHER X		
438	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 442)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
439	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 NURSE/MIDWIFE . 12 VILLAGE HEALTH WORKER . . . 13 **OTHER PERSON** TRAD. HEALER . 21 RELATIVE/FRIEND 22 OTHER _____ 96 (SPECIFY)		
440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998		
442	In the two months after (NAME) was born, did any health care provider check on his/her health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 446) ← DON'T KNOW 8		
443	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH 1 ☐☐ DAYS AFTER BIRTH 2 ☐☐ WKS AFTER BIRTH 3 ☐☐ DON'T KNOW . . . 998		
444	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 NURSE/MIDWIFE . 12 VILLAGE HEALTH WORKER . . . 13 **OTHER PERSON** TRAD. HEALER . 21 RELATIVE/FRIEND 22 OTHER _____ 96 (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
445	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**HOME** YOUR HOME . . . 11 OTHER HOME . . . 12 **PUBLIC SECTOR** GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. HEALTH POST . . . . . 23 OTHER PUBLIC _____ 26 (SPECIFY) **PRIVATE MED. SECTOR** PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED. _____ 36 (SPECIFY) **CHAL** CHAL HOSPITAL . 41 CHAL HEALTH CENTRE . . . . . 42 CHAL HLTH POST 43 RED CROSS HEALTH CENTER . . . . . 51 FACILITY OUTSIDE LESOTHO . . . . . 61 OTHER _____ 96 (SPECIFY)		
446	In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF CAPSULES.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
447	Has your menstrual period returned since the birth of (NAME)?	YES . . . . . 1 (SKIP TO 449) NO . . . . . 2 (SKIP TO 450)		
448	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . . 1 NO . . . . . 2 (SKIP TO 452)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 452)
449	For how many months after the birth of (NAME) did you not have a period?	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG-NANT ☐ PREGNANT OR UNSURE ☐ (SKIP TO 452)		
451	Have you had sexual intercourse since the birth of (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 453)		
452	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
453	Did you ever breastfeed (NAME)?	YES . . . . . 1 (SKIP TO 455) NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
454	CHECK 404: IS CHILD LIVING?	LIVING → (SKIP TO 460) DEAD → (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)		
455	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . 000 HOURS 1 ☐☐ DAYS 2 ☐☐		
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 458)		
457	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER . . . B SUGAR OR GLUCOSE WATER . . . C GRIPE WATER . . . D SUGAR-SALT-WATER SOLUTION . . . . . E FRUIT JUICE . . . . . F INFANT FORMULA . G TEA/INFUSIONS . . . H COFFEE . . . . . I HONEY . . . . . J OTHER _____ X (SPECIFY)		
458	CHECK 404: IS CHILD LIVING?	LIVING → ↓ DEAD → (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING → ↓ DEAD → (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING → ↓ DEAD → (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)
459	Are you still breastfeeding (NAME)?	YES . . . . . 1 NO 2		
460	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
461		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE OR IF NO MORE BIRTHS, GO TO 501.

SECTION 5. CHILD IMMUNIZATION, HEALTH AND NUTRITION

501 ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2009 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRE(S)).

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
502	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	BIRTH HISTORY NUMBER	BIRTH HISTORY NUMBER	BIRTH HISTORY NUMBER . . . . .
503	FROM 212 AND 216	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 553)
504	Do you have a card where (NAME)'s vaccinations are written down? IF YES: May I see it please?	YES, SEEN . . . . . 1 (SKIP TO 505A) ← YES, NOT SEEN . . . . . 2 (SKIP TO 509) ← NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 505A) ← YES, NOT SEEN . . . . . 2 (SKIP TO 509) ← NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 505A) ← YES, NOT SEEN . . . . . 2 (SKIP TO 509) ← NO CARD 3
505	Did you ever have a vaccination card for (NAME)?	YES . . . . . 1 (SKIP TO 509) ← NO 2	YES . . . . . 1 (SKIP TO 509) ← NO 2	YES . . . . . 1 (SKIP TO 509) ← NO 2
505A	RECORD WHETHER CARD IS FROM LESOTHO, SOUTH AFRICA, OR ANOTHER COUNTRY.	BAKUNA FROM LESOTHO 1 ROAD TO HEALTH CARD FROM SOUTH AFRICA 2 (SKIP TO 507B) ← CARD FROM COUNTRY OTHER THAN LESOTHO OR SOUTH AFRICA . . . 3	BAKUNA FROM LESOTHO 1 ROAD TO HEALTH CARD FROM SOUTH AFRICA 2 (SKIP TO 507B) ← CARD FROM COUNTRY OTHER THAN LESOTHO OR SOUTH AFRICA . . . 3	BAKUNA FROM LESOTHO 1 ROAD TO HEALTH CARD FROM SOUTH AFRICA 2 (SKIP TO 507B) ← CARD FROM COUNTRY OTHER THAN LESOTHO OR SOUTH AFRICA . . . 3

506 (1) COPY DATES FROM THE CARD.
(2) RECORD '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.

	LAST BIRTH DAY	LAST BIRTH MONTH	LAST BIRTH YEAR		NEXT-TO-LAST BIRTH DAY	NEXT-TO-LAST BIRTH MONTH	NEXT-TO-LAST BIRTH YEAR		SECOND-FROM-LAST BIRTH DAY	SECOND-FROM-LAST BIRTH MONTH	SECOND-FROM-LAST BIRTH YEAR
BCG				BCG				BCG			
OPV-0 (POLIO GIVEN AT BIRTH)				OPV0				OPV0			
DTP-Hep B-Hib 1/ Pentavalent 1				DHH1/ P1				DHH1/ P1			
OPV-1				OPV1				OPV1			
DTP-Hep B-Hib 2/ Pentavalent 2				DHH2/ P2				DHH2/ P2			
OPV-2				OPV2				OPV2			
DTP-Hep B-Hib 3/ Pentavalent 3				DHH3/ P3				DHH3/ P3			
OPV-3				OPV3				OPV3			
MEASLES				MEA				MEA			
VITAMIN A (MOST RECENT)				VIT A				VIT A			

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
507	CHECK 506:	BCG TO MEASLES ALL RECORDED ☐ (GO TO 510H) OTHER ☐ (GO TO 508)	BCG TO MEASLES ALL RECORDED ☐ (GO TO 510H) OTHER ☐ (GO TO 508)	BCG TO MEASLES ALL RECORDED ☐ (GO TO 510H) OTHER ☐ (GO TO 508)

507A	Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES . . . . . 1 (PROBE FOR VACCINATIONS AND RECORD '66' IN THE CORRESPONDING DAY COLUMN IN 506) . . . 2 (SKIP TO 510H) NO . . . . . 2 (SKIP TO 510H) DON'T KNOW 8	YES . . . . . 1 (PROBE FOR VACCINATIONS AND RECORD '66' IN THE CORRESPONDING DAY COLUMN IN 506) . . . 2 (SKIP TO 510H) NO . . . . . 2 (SKIP TO 510H) DON'T KNOW 8	YES . . . . . 1 (PROBE FOR VACCINATIONS AND RECORD '66' IN THE CORRESPONDING DAY COLUMN IN 506) . . . 2 (SKIP TO 510H) NO . . . . . 2 (SKIP TO 510H) DON'T KNOW 8

507B (1) COPY DATES FROM THE CARD.
(2) RECORD '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.

	LAST BIRTH DAY	LAST BIRTH MONTH	LAST BIRTH YEAR		NEXT-TO-LAST BIRTH DAY	NEXT-TO-LAST BIRTH MONTH	NEXT-TO-LAST BIRTH YEAR		SECOND-FROM-LAST BIRTH DAY	SECOND-FROM-LAST BIRTH MONTH	SECOND-FROM-LAST BIRTH YEAR
BCG				BCG				BCG			
OPV-0 (POLIO GIVEN AT BIRTH)				OPV0				OPV0			
OPV1				OPV1				OPV1			
Dtap-IPV-Hib1 or DTP1				DIH1/ DTP1				DIH1/ DTP1			
Dtap-IPV-Hib2 or DTP2				DIH2/ DTP2				DIH2/ DTP2			
Dtap-IPV-Hib3 or DTP3				DIH3/ DTP3				DIH3/ DTP3			
MEASLES				MEA				MEA			
VITAMIN A (MOST RECENT)				VIT A				VIT A			

507C	CHECK 507B:	BCG TO MEASLES ALL RECORDED (GO TO 510H) OTHER	BCG TO MEASLES ALL RECORDED (GO TO 510H) OTHER	BCG TO MEASLES ALL RECORDED (GO TO 510H) OTHER

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
508	Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES . . . . . 1 (PROBE FOR VACCINATIONS AND RECORD '66' IN THE CORRESPONDING DAY COLUMN IN 507B) (SKIP TO 510H) NO . . . . . 2 (SKIP TO 510H) DON'T KNOW 8	YES . . . . . 1 (PROBE FOR VACCINATIONS AND RECORD '66' IN THE CORRESPONDING DAY COLUMN IN 507B) (SKIP TO 510H) NO . . . . . 2 (SKIP TO 510H) DON'T KNOW 8	YES . . . . . 1 (PROBE FOR VACCINATIONS AND RECORD '66' IN THE CORRESPONDING DAY COLUMN IN 507B) (SKIP TO 510H) NO . . . . . 2 (SKIP TO 510H) DON'T KNOW 8
509	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 511) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 511) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 511) DON'T KNOW 8
510	Please tell me if (NAME) had any of the following vaccinations:			
510A	A BCG vaccination against tuberculosis, that is, an injection in the left forearm or upper arm that usually causes a scar?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
510B	Polio vaccine, that is, drops in the mouth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 510E) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 510E) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 510E) DON'T KNOW 8
510C	Was the first polio vaccine given in the first two weeks after birth or later?	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2
510D	How many times was the polio vaccine given?	NUMBER OF TIMES . . . ☐	NUMBER OF TIMES . . . ☐	NUMBER OF TIMES . . . ☐
510E	A DTP-Hep B-Hib vaccination, also known as a penta vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 510G) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 510G) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 510G) DON'T KNOW 8
510F	How many times was the DTP-HepB-Hib vaccination given?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
510G	A measles injection-that is, a shot in the right arm at the age of 9 months or older-to prevent him/her from getting measles?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
510H	Were any of the vaccinations that (NAME) received given outside of Lesotho?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF CAPSULES.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
513	Was (NAME) given any drug for intestinal worms in the last six months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
514	Has (NAME) had diarrhoea in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) DON'T KNOW 8
515	Was there any blood in the stools?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
516	Now I would like to know how much (NAME) was given to drink during the diarrhoea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
517	When (NAME) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
518	Did you seek advice or treatment for the diarrhoea from any source?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 522)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 522)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 522)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
519	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVT. HOSPITAL A GOVT. HEALTH CENTER . . . . . B GOVT. HEALTH POST . . . . . C OTHER PUBLIC SECTOR _____ D (SPECIFY) **PRVT MEDICAL SECTOR** PVT. HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F PVT DOCTOR . . . G OTHER PRIVATE MED. SECTOR _____ H (SPECIFY) **CHAL** CHAL HOSPITAL . I CHAL HLTH CENTRE . . . . . J CHAL HEALTH POST . . . . . K RED CROSS HEALTH CENTER . L VILLAGE HEALTH WORKER . . . . . M FACILITY OUTSIDE LESOTHO . . . . . N **OTHER SOURCE** SHOP . . . . . O TRADITIONAL HEALER . . . . . P OTHER _____ X (SPECIFY)	**PUBLIC SECTOR** GOVT. HOSPITAL A GOVT. HEALTH CENTER . . . . . B GOVT. HEALTH POST . . . . . C OTHER PUBLIC SECTOR _____ D (SPECIFY) **PRVT MEDICAL SECTOR** PVT. HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F PVT DOCTOR . . . G OTHER PRIVATE MED. SECTOR _____ H (SPECIFY) **CHAL** CHAL HOSPITAL . I CHAL HLTH CENTRE . . . . . J CHAL HEALTH POST . . . . . K RED CROSS HEALTH CENTER . L VILLAGE HEALTH WORKER . . . . . M FACILITY OUTSIDE LESOTHO . . . . . N **OTHER SOURCE** SHOP . . . . . O TRADITIONAL HEALER . . . . . P OTHER _____ X (SPECIFY)	**PUBLIC SECTOR** GOVT. HOSPITAL A GOVT. HEALTH CENTER . . . . . B GOVT. HEALTH POST . . . . . C OTHER PUBLIC SECTOR _____ D (SPECIFY) **PRVT MEDICAL SECTOR** PVT. HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F PVT DOCTOR . . . G OTHER PRIVATE MED. SECTOR _____ H (SPECIFY) **CHAL** CHAL HOSPITAL . I CHAL HLTH CENTRE . . . . . J CHAL HEALTH POST . . . . . K RED CROSS HEALTH CENTER . L VILLAGE HEALTH WORKER . . . . . M FACILITY OUTSIDE LESOTHO . . . . . N **OTHER SOURCE** SHOP . . . . . O TRADITIONAL HEALER . . . . . P OTHER _____ X (SPECIFY)
520	CHECK 519:	TWO OR MORE CODES RECORDED ☐ ONLY ONE CODE CIRCLED OR RECORDED (SKIP TO 522) ☐	TWO OR MORE CODES RECORDED ☐ ONLY ONE CODE CIRCLED OR RECORDED (SKIP TO 522) ☐	TWO OR MORE CODES RECORDED ☐ ONLY ONE CODE CIRCLED OR RECORDED (SKIP TO 522) ☐
521	Where did you first seek advice or treatment? USE LETTER CODE FROM 519.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
522	Was he/she given any of the following to drink at any time since he/she started having the diarrhoea: a) A fluid made from a special packet called Motsoako or ORS? b) A health clinic-recommended homemade fluid?	YES NO DK a) FLUID FROM ORS PKT 1 2 8 b) HOMEMADE FLUID . 1 2 8	YES NO DK a) FLUID FROM ORS PKT 1 2 8 b) HOMEMADE FLUID . 1 2 8	YES NO DK a) FLUID FROM ORS PKT 1 2 8 b) HOMEMADE FLUID . 1 2 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
523	Was anything (else) given to treat the diarrhoea?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) DON'T KNOW 8
524	What (else) was given to treat the diarrhoea? Anything else? RECORD ALL TREATMENTS GIVEN.	**PILL OR SYRUP** ANTIBIOTIC . . . . . A ANTIMOTILITY . . . B ZINC . . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOT-ILITY OR ZINC) D UNKNOWN PILL OR SYRUP . . . E **INJECTION** ANTIBIOTIC . . . . . F NON-ANTIBIOTIC . G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	**PILL OR SYRUP** ANTIBIOTIC . . . . . A ANTIMOTILITY . . . B ZINC . . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOT-ILITY OR ZINC) D UNKNOWN PILL OR SYRUP . . . E **INJECTION** ANTIBIOTIC . . . . . F NON-ANTIBIOTIC . G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	**PILL OR SYRUP** ANTIBIOTIC . . . . . A ANTIMOTILITY . . . B ZINC . . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOT-ILITY OR ZINC) D UNKNOWN PILL OR SYRUP . . . E **INJECTION** ANTIBIOTIC . . . . . F NON-ANTIBIOTIC . G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 530) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 530) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 530) DON'T KNOW 8
528	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 531) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 531) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 531) DON'T KNOW 8
529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 531)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 531)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 531)
530	CHECK 525: HAD FEVER?	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES ☐ NO OR DK ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
531	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
532	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
533	Did you seek advice or treatment for the illness from any source?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 537)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 537)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 537)
534	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVT. HOSPITAL A GOVT. HEALTH CENTRE . . . . . B GOVT. HEALTH POST . . . . . C OTHER PUBLIC SECTOR _____ D (SPECIFY) **PRVT MEDICAL SECTOR** PVT. HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F PVT DOCTOR . . . G OTHER PRIVATE MED. SECTOR _____ H (SPECIFY) **CHAL** CHAL HOSPITAL . I CHAL HEALTH CENTRE . . . . . J CHAL HEALTH POST . . . . . K RED CROSS HEALTH CENTER L VILLAGE HEALTH WORKER . . . . . M FACILITY OUTSIDE LESOTHO . . . . . N **OTHER SOURCE** SHOP . . . . . O TRADITIONAL HEALER . . . . . P OTHER _____ X (SPECIFY)	**PUBLIC SECTOR** GOVT. HOSPITAL A GOVT. HEALTH CENTRE . . . . . B GOVT. HEALTH POST . . . . . C OTHER PUBLIC SECTOR _____ D (SPECIFY) **PRVT MEDICAL SECTOR** PVT. HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F PVT DOCTOR . . . G OTHER PRIVATE MED. SECTOR _____ H (SPECIFY) **CHAL** CHAL HOSPITAL . I CHAL HEALTH CENTRE . . . . . J CHAL HEALTH POST . . . . . K RED CROSS HEALTH CENTER L VILLAGE HEALTH WORKER . . . . . M FACILITY OUTSIDE LESOTHO . . . . . N **OTHER SOURCE** SHOP . . . . . O TRADITIONAL HEALER . . . . . P OTHER _____ X (SPECIFY)	**PUBLIC SECTOR** GOVT. HOSPITAL A GOVT. HEALTH CENTRE . . . . . B GOVT. HEALTH POST . . . . . C OTHER PUBLIC SECTOR _____ D (SPECIFY) **PRVT MEDICAL SECTOR** PVT. HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F PVT DOCTOR . . . G OTHER PRIVATE MED. SECTOR _____ H (SPECIFY) **CHAL** CHAL HOSPITAL . I CHAL HEALTH CENTRE . . . . . J CHAL HEALTH POST . . . . . K RED CROSS HEALTH CENTER L VILLAGE HEALTH WORKER . . . . . M FACILITY OUTSIDE LESOTHO . . . . . N **OTHER SOURCE** SHOP . . . . . O TRADITIONAL HEALER . . . . . P OTHER _____ X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
535	CHECK 534:	TWO OR MORE CODES CIRCLED / ONLY ONE CODE CIRCLED (SKIP TO 537)	TWO OR MORE CODES CIRCLED / ONLY ONE CODE CIRCLED (SKIP TO 537)	TWO OR MORE CODES CIRCLED / ONLY ONE CODE CIRCLED (SKIP TO 537)
536	Where did you first seek advice or treatment? USE LETTER CODE FROM 534.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
537	At any time during the illness, did (NAME) take any drugs for the illness?	YES . . . . . 1 NO . . . . . 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8
538	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIBIOTIC PILLS . A ANTIBIOTIC INJECT. B PARACETEMOL . . . C IBUPROFEN . . . . . D ASPIRIN . . . . . E OTHER _____ (SPECIFY) X DON'T KNOW . . . . . Z	ANTIBIOTIC PILLS . A ANTIBIOTIC INJECT. B PARACETEMOL . . . C IBUPROFEN . . . . . D ASPIRIN . . . . . E OTHER _____ (SPECIFY) X DON'T KNOW . . . . . Z	ANTIBIOTIC PILLS . A ANTIBIOTIC INJECT. B PARACETEMOL . . . C IBUPROFEN . . . . . D ASPIRIN . . . . . E OTHER _____ (SPECIFY) X DON'T KNOW . . . . . Z
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2009 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ → 556 RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 554 _____ (NAME)		
554	The last time (NAME FROM 553) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE . . . 01 PUT/RINSED INTO TOILET OR LATRINE . . . . . 02 PUT/RINSED INTO DRAIN OR DITCH . . . . . 03 THROWN INTO GARBAGE . . . . . 04 BURIED . . . . . 05 LEFT IN THE OPEN . . . . . 06 OTHER _____ 96 (SPECIFY)	
555	CHECK 522(a) ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET ☐ ANY CHILD RECEIVED FLUID FROM ORS PACKET ☐ → 557		
556	Have you ever heard of a special product called ORS or Motsoako you can get for the treatment of diarrhoea?	YES . . . . . 1 NO 2	
557	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2012 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ → 601 RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 558 _____ (NAME)		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
558	Now I would like to ask you about liquids or foods that (NAME FROM 557) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. Did (NAME FROM 557) (drink/eat):	YES NO DK	
	a) Plain water?	**a)** 1 2 8	
	b) Juice or juice drinks?	**b)** 1 2 8	
	c) Clear broth?	**c)** 1 2 8	
	d) Milk such as powdered, evaporated, condensed or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	**d)** 1 2 8 NUMBER OF TIMES DRANK MILK ☐	
	e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	**e)** 1 2 8 NUMBER OF TIMES DRANK FORMULA ☐	
	f) Any other liquids?	**f)** 1 2 8	
	g) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	**g)** 1 2 8 NUMBER OF TIMES ATE YOGURT ☐	
	h) Any Nestum, Cerelac, Purity or other commercially fortified baby food?	**h)** 1 2 8	
	i) Bread, rice, noodles, soft or hard porridge, or other foods made from grains?	**i)** 1 2 8	
	j) Pumpkin, carrots, red pepper, squash or sweet potatoes that are yellow or orange inside?	**j)** 1 2 8	
	k) White potatoes, white yams, or any other foods made from roots?	**k)** 1 2 8	
	l) Dark green leafy vegetables such as beet greens, mustard leaves, pumpkin leaves, turnip leaves, wild moroho, spinach, swiss chard or broccoli?	**l)** 1 2 8	
	m) Ripe mangoes, apricots, dried peaches or papayas?	**m)** 1 2 8	
	n) Any other fruits or vegetables such as bananas, apples, apple sauce, oranges, grapefruit, lemon, pears, fresh peaches, plums, grapes, watermelon, figs, gooseberry, cauliflower, cabbage, beet root, mushrooms, green beans, avocados, tomatoes and eggplant?	**n)** 1 2 8	
	o) Liver, kidney, heart or other organ meats?	**o)** 1 2 8	
	p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	**p)** 1 2 8	
	q) Eggs?	**q)** 1 2 8	
	r) Fresh, dried or tinned fish or shellfish?	**r)** 1 2 8	
	s) Any foods made from beans, peas, lentils, or nuts?	**s)** 1 2 8	
	t) Cheese or other food made from milk?	**t)** 1 2 8	
	u) Any other solid, semi-solid, or soft food?	**u)** 1 2 8	
559	CHECK 558 (CATEGORIES "g" THROUGH "u"): NOT A SINGLE "YES" ☐ ↓ AT LEAST ONE "YES" ☐ → 561		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
560	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES . . . . . 1 (GO BACK TO 558 TO RECORD FOOD EATEN YESTERDAY) NO 2	→ 601
561	How many times did (NAME FROM 557) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . . ☐ DON'T KNOW 8	

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
600A	CHECK 101B: AGREED TO MEASUREMENT ☐↓ DID NOT AGREE TO MEASUREMENT OR WAS NOT ASKED 101B ☐→		601
600B	May I measure your blood pressure at this time? INTERVIEWER SIGNATURE _____ DATE _____ RESPONDENT AGREES ☐↓ RECORD OUTCOME OF BLOOD PRESSURE MEASUREMENT. RESPONDENT DOES NOT AGREE ☐↓ RECORD 994.	SYSTOLIC . . . . . ☐☐☐ DIASTOLIC . . . . . ☐☐☐ REFUSED . . . . . 994 TECHNICAL PROBLEMS . . . . . 995 OTHER 996	
601	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	→ 604
602	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	→ 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 609
604	Is your (husband/partner) living with you now or is he staying elsewhere? PROBE: Elsewhere in Lesotho or outside of Lesotho?	LIVING WITH HER . . . . . 1 STAYING ELSEWHERE IN LESOTHO . 2 STAYING ELSEWHERE OUTSIDE LESOTHO 3	→ 605
604A	Does he stay there for work or another reason?	WORK . . . . . 1 OTHER REASON . . . . . 2 DON'T KNOW 8	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. . . . . ☐☐	
606	Does your (husband/partner) have other wives or does he live with other women as if married?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 609
607	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . . ☐☐ DON'T KNOW 98	
608	Are you the first, second, ... wife?	RANK . . . . . ☐☐	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610	CHECK 609: MARRIED/ LIVED WITH A MAN ONLY ONCE → a) In what month and year did you start living with your (husband/partner)? MARRIED/ LIVED WITH A MAN MORE THAN ONCE → b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 612
611	How old were you when you first started living with him?	AGE . . . . . ☐☐	
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	Now I would like to ask 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	→ 628
614	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
615	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 ☐☐	→ 617 → 627

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3
617	The last time you had sexual intercourse (with this second/ third person), was a condom used?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 619)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 619)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 619)
618	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
619	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND . . . . . 1 LIVE-IN PARTNER . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . 3 CASUAL ACQUAINTANCE 4 CLIENT/PROSTITUTE 5 OTHER _____ 6 (SPECIFY) (SKIP TO 622)	HUSBAND . . . . . 1 LIVE-IN PARTNER . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . 3 CASUAL ACQUAINTANCE 4 CLIENT/PROSTITUTE 5 OTHER _____ 6 (SPECIFY) (SKIP TO 622)	HUSBAND . . . . . 1 LIVE-IN PARTNER . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . 3 CASUAL ACQUAINTANCE 4 CLIENT/PROSTITUTE 5 OTHER _____ 6 (SPECIFY) (SKIP TO 622)
620	CHECK 609:	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 622)	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 622)	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 622)
621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER (SKIP TO 623)	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER (SKIP TO 623)	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER (SKIP TO 623)
622	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4
623	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, RECORD '95'.	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES
624	How old is this person?	AGE OF PARTNER DON'T KNOW 98	AGE OF PARTNER DON'T KNOW 98	AGE OF PARTNER DON'T KNOW 98
625	Apart from (this person/these two people), have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 (GO BACK TO 616 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 627)	YES . . . . . 1 (GO BACK TO 616 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 627)	
626	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.			NUMBER OF PARTNERS LAST 12 MONTHS . . . DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
627	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME . . . . . [ ][ ] DON'T KNOW 98	
628	PRESENCE OF OTHERS DURING THIS SECTION	YES NO CHILDREN <10 . . . . . 1 2 MALE ADULTS . . . . . 1 2 FEMALE ADULTS 1 2	
629	Do you know of a place where a person can get male condoms?	YES . . . . . 1 NO 2	→ 632
630	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVT. HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B GOVT. HEALTH POST . . . . . C FAMILY PLANNING CLINIC . . . . . D OTHER PUBLIC SECTOR _____ E (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . F PHARMACY . . . . . G PRIVATE DOCTOR . . . . . H LESOTHO PLANNED PARENTHOOD I PSI/NEW START CENTER . . . . . J OTHER PRIVATE MEDICAL SECTOR _____ K (SPECIFY) **CHAL** CHAL HOSPITAL . . . . . L CHAL HEALTH CENTER . . . . . M CHAL HEALTH POST . . . . . N RED CROSS HEALTH CENTER . . . . . O CBD . . . . . P VILLAGE HEALTH WORKER . . . . . Q SUPPORT GROUPS . . . . . R FACILITY OUTSIDE LESOTHO . . . . . S **OTHER SOURCE** SHOP . . . . . T CHURCH . . . . . U PEER EDUCATORS . . . . . V FRIEND/RELATIVE . . . . . W OTHER _____ X (SPECIFY)	
631	If you wanted to, could you yourself get a male condom?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
632	Do you know of a place where a person can get female condoms?	YES . . . . . 1 NO 2	→ 701
633	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVT. HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B GOVT. HEALTH POST . . . . . C FAMILY PLANNING CLINIC . . . . . D OTHER PUBLIC SECTOR _____ E (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . F PHARMACY . . . . . G PRIVATE DOCTOR . . . . . H LESOTHO PLANNED PARENTHOOD I PSI/NEW START CENTER . . . . . J OTHER PRIVATE MEDICAL SECTOR _____ K (SPECIFY) **CHAL** CHAL HOSPITAL . . . . . L CHAL HEALTH CENTER . . . . . M CHAL HEALTH POST . . . . . N RED CROSS HEALTH CENTER . . . . . O CBD . . . . . P VILLAGE HEALTH WORKER . . . . . Q SUPPORT GROUPS . . . . . R FACILITY OUTSIDE LESOTHO . . . . . S **OTHER SOURCE** SHOP . . . . . T CHURCH . . . . . U PEER EDUCATORS . . . . . V FRIEND/RELATIVE . . . . . W OTHER _____ X (SPECIFY)	
634	If you wanted to, could you yourself get a female condom?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 304: NEITHER STERILIZED HE OR SHE STERILIZED → 712		
702	CHECK 226: PREGNANT NOT PREGNANT OR UNSURE → 704		
703	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD . . . . . 1 NO MORE . . . . . 2 UNDECIDED/DON'T KNOW 8	→ 705 → 711
704	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW 8	 → 707 → 712 → 710
705	CHECK 226: NOT PREGNANT OR UNSURE a) How long would you like to wait from now before the birth of (a/another) child? PREGNANT b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE . . . . . 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	 → 710 → 712 → 710
706	CHECK 226: NOT PREGNANT OR UNSURE PREGNANT → 711		
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING CURRENTLY USING → 712		
708	CHECK 705: NOT ASKED 24 OR MORE MONTHS OR 02 OR MORE YEARS 00-23 MONTHS OR 00-01 YEAR → 711		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	CHECK 704: WANTS TO HAVE A/ANOTHER CHILD ☐ → a) You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? WANTS NO MORE/ NONE ☐ → b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? RECORD ALL REASONS MENTIONED.	NOT MARRIED . . . . . A **FERTILITY-RELATED REASONS** NOT HAVING SEX . . . . . B INFREQUENT SEX . . . . . C MENOPAUSAL/HYSTERECTOMY D CAN'T GET PREGNANT . . . . . E NOT MENSTRUATED SINCE LAST BIRTH . . . . . F BREASTFEEDING . . . . . G UP TO GOD/FATALISTIC . . . . . H **OPPOSITION TO USE** RESPONDENT OPPOSED . . . . . I HUSBAND/PARTNER OPPOSED . . . J OTHERS OPPOSED . . . . . K RELIGIOUS PROHIBITION . . . . . L **LACK OF KNOWLEDGE** KNOWS NO METHOD . . . . . M KNOWS NO SOURCE . . . . . N **METHOD-RELATED REASONS** SIDE EFFECTS/HEALTH CONCERNS . . . . . O LACK OF ACCESS/TOO FAR . . . . . P COSTS TOO MUCH . . . . . Q PREFERRED METHOD NOT AVAILABLE . . . . . R NO METHOD AVAILABLE . . . . . S INCONVENIENT TO USE . . . . . T INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . U OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
710	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ ; NO, NOT CURRENTLY USING ☐ ; YES, CURRENTLY USING ☐ →		712
711	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
712	CHECK 216: HAS LIVING CHILDREN ☐ → a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN ☐ → b) If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . . 00 NUMBER . . . . . ☐☐ OTHER _____ 96 (SPECIFY)	→ 714 → 714

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	
714	In the last three months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Read about family planning on billboards, posters, or pamphlets?	YES NO a) RADIO . . . . . 1 2 b) TELEVISION . . . . . 1 2 c) NEWSPAPER OR MAGAZINE . 1 2 d) BILLBOARDS/POSTERS/ PAMPHLET 1 2	
716	CHECK 601: YES, CURRENTLY MARRIED ☐↓ YES, LIVING WITH A MAN ☐↓ NO, NOT IN UNION ☐→ 801		
717	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY USING ☐↓ NOT CURRENTLY USING OR NOT ASKED ☐→ 720		
718	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT . . . . . 1 MAINLY HUSBAND/PARTNER . . . . . 2 JOINT DECISION . . . . . 3 OTHER _____ 6 (SPECIFY)	
719	CHECK 304: NEITHER STERILIZED ☐↓ HE OR SHE STERILIZED ☐→ 801		
720	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER . . . . . 1 MORE CHILDREN . . . . . 2 FEWER CHILDREN . . . . . 3 DON'T KNOW 8	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓ FORMERLY MARRIED/ LIVED WITH A MAN ☐ → 803 NEVER MARRIED AND NEVER LIVED WITH A MAN ☐ → 807		
802	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
803	Did your (last) (husband/partner) ever attend school?	YES . . . . . 1 NO 2	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY . . . . . 1 VOCATIONAL/TECHNICAL TRAINING AFTER PRIMARY . . . . . 2 SECONDARY/HIGH . . . . . 3 VOCATIONAL/TECHNICAL TRAINING AFTER SECONDARY/HIGH . . . . . 4 COLLEGE . . . . . 5 GRADUATE/POST GRADUATE . . . . . 6 DON'T KNOW 8	→ 806
805	What was the highest (standard/form/year) he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	STANDARD/FORM/YEAR . . . ☐☐ DON'T KNOW 98	
806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓ a) What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do? FORMERLY MARRIED/ LIVED WITH A MAN ☐ ↓ b) What was your (last) (husband's/partner's) occupation? That is, what kind of work did he mainly do?	_____ _____ _____ ☐☐	
807	Aside from your own housework, have you done any work in the last seven days?	YES . . . . . 1 NO 2	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES . . . . . 1 NO 2	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES . . . . . 1 NO 2	→ 811
810	Have you done any work in the last 12 months?	YES . . . . . 1 NO 2	→ 815
811	What is your occupation, that is, what kind of work do you mainly do?	_____ _____ _____ ☐☐	
812	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . . 1 FOR SOMEONE ELSE . . . . . 2 SELF-EMPLOYED 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . . 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
814	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . . 1 CASH AND KIND . . . . . 2 IN KIND ONLY . . . . . 3 NOT PAID 4	
814A	Where do you usually work? In your home community, elsewhere in Lesotho, or outside Lesotho?	HOME COMMUNITY . . . . . 1 ELSEWHERE IN LESOTHO . . . . . 2 OUTSIDE LESOTHO 3	→ 815
814B	The last time you worked away from your home community, how long were you away from home?	DAYS . . . . . 1 ☐☐ WEEKS . . . . . 2 ☐☐ MONTHS . . . . . 3 ☐☐ ONE YEAR OR MORE 996	
815	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN ☐ ↓ NOT IN UNION ☐ →		823
816	CHECK 814: CODE 1 OR 2 RECORDED ☐ ↓ OTHER ☐ →		819
817	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 OTHER _____ 6 (SPECIFY)	
818	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM . . . . . 1 LESS THAN HIM . . . . . 2 ABOUT THE SAME . . . . . 3 HUSBAND/PARTNER HAS NO EARNINGS . . . . . 4 DON'T KNOW 8	→ 820
819	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 HUSBAND/PARTNER HAS NO EARNINGS . . . . . 4 OTHER _____ 6 (SPECIFY)	
820	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . . 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
821	Who usually makes decisions about making major household purchases?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . . 4 OTHER 6	
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . . 4 OTHER 6	
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . . . . 1 JOINTLY ONLY . . . . . 2 BOTH ALONE AND JOINTLY . . . . . 3 DOES NOT OWN 4	
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY . . . . . 1 JOINTLY ONLY . . . . . 2 BOTH ALONE AND JOINTLY . . . . . 3 DOES NOT OWN 4	
825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ LISTEN. / PRES./ NOT LISTEN. / NOT PRES. CHILDREN < 10 . . . . . 1 2 3 HUSBAND . . . . . 1 2 3 OTHER MALES . . . . . 1 2 3 OTHER FEMALES . . . 1 2 3	
826	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	YES / NO / DK a) GOES OUT . . . . . 1 2 8 b) NEGL. CHILDREN . 1 2 8 c) ARGUES . . . . . 1 2 8 d) REFUSES SEX . . . 1 2 8 e) BURNS FOOD 1 2 8	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . . 1 NO 2	→ 937
902	Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
903	Can people get HIV from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
904	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
905	Can people get HIV by sharing food with a person who has AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
906	Can people get HIV because of witchcraft or other supernatural means?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
907	Is it possible for a healthy-looking person to have HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
907A	Can AIDS be cured?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 908
907B	What can cure AIDS? PROBE: Anything else?	MODERN DRUGS/ANTIRETROVIRALS A HERBS . . . . . B PRAYER/GOD . . . . . C OTHER . . . . . X DON'T KNOW . . . . . Z	
908	Can the virus that causes AIDS be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	YES NO DK a) DURING PREG. . . . 1 2 8 b) DURING DELIVERY . 1 2 8 c) BREASTFEEDING . 1 2 8	
909	CHECK 908: AT LEAST ONE 'YES' ↓ OTHER →		911
910	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
911	CHECK 208 AND 215: NO BIRTHS → LAST BIRTH SINCE JANUARY 2012 ↓ LAST BIRTH BEFORE JANUARY 2012 →		926 926
912	CHECK 408 FOR LAST BIRTH: HAD ANTENATAL CARE ↓ NO ANTENATAL CARE →		920

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
913	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
914	During any of the antenatal visits for your last birth were you given any information about: a) Babies getting HIV from their mother? b) Things that you can do to prevent getting HIV? c) Getting tested for HIV?	YES NO DK a) AIDS FROM MOTHER 1 2 8 b) THINGS TO DO 1 2 8 c) TESTED FOR AIDS 1 2 8	
915	Were you offered a test for HIV as part of your antenatal care?	YES . . . . . 1 NO 2	
916	I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES . . . . . 1 NO 2	→ 917
916A	CHECK 915 and 916: 915 = 1 AND 916 = 2 ☐ 915 = 2 AND 916 = 2 ☐		→ 920
916B	You told me you were offered a test for HIV as part of your antenatal care, but that you were not tested. Why were you not tested?	STOCKOUTS/TEST KITS NOT AVAILABLE . . . . . A ALREADY KNOWS STATUS . . . . . B FEELS SHE IS NOT AT RISK . . . . . C FEAR . . . . . D TOO EXPENSIVE . . . . . E OTHER REASON . . . . . X DON'T KNOW . . . . . Z	→ 920
917	Where was the test done? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVT. HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVT. HEALTH POST . . . . . 13 FAMILY PLANNING CLINIC . . . . . 14 OTHER PUBLIC SECTOR _____ 15 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . 21 PHARMACY . . . . . 22 PRIVATE DOCTOR . . . . . 23 LESOTHO PLANNED PARENTHOOD 24 PSI/NEW START CENTER . . . . . 25 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) **CHAL** CHAL HOSPITAL . . . . . 31 CHAL HEALTH CENTER . . . . . 32 CHAL HEALTH POST . . . . . 33 RED CROSS HEALTH CENTER . . . . . 41 VILLAGE HEALTH WORKER . . . . . 51 SUPPORT GROUPS . . . . . 52 FACILITY OUTSIDE LESOTHO . . . . . 61 OTHER _____ 96 (SPECIFY)	
918	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	→ 924
919	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 924

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
920	CHECK 434 FOR LAST BIRTH: ANY CODE 21-61 RECORDED ☐ OTHER ☐		→ 926
921	Between the time you went for delivery but before the baby was born, were you offered a test for HIV?	YES . . . . . 1 NO 2	
922	I don't want to know the results, but were you tested for HIV at that time?	YES . . . . . 1 NO 2	→ 926
923	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
924	Have you been tested for HIV since that time you were tested during your pregnancy?	YES . . . . . 1 NO 2	→ 927
925	How many months ago was your most recent HIV test?	MONTHS AGO . . . . . ☐☐ TWO OR MORE YEARS 95	→ 931A
926	I don't want to know the results, but have you ever been tested to see if you have HIV?	YES . . . . . 1 NO 2	→ 930
927	How many months ago was your most recent HIV test?	MONTHS AGO . . . . . ☐☐ TWO OR MORE YEARS 95	
928	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
929	Where was the test done? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVT. HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVT. HEALTH POST . . . . . 13 FAMILY PLANNING CLINIC . . . . . 14 OTHER PUBLIC SECTOR _____ 15 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . 21 PHARMACY . . . . . 22 PRIVATE DOCTOR . . . . . 23 LESOTHO PLANNED PARENTHOOD 24 PSI/NEW START CENTER . . . . . 25 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) **CHAL** CHAL HOSPITAL . . . . . 31 CHAL HEALTH CENTER . . . . . 32 CHAL HEALTH POST . . . . . 33 RED CROSS HEALTH CENTER . . . . . 41 VILLAGE HEALTH WORKER . . . . . 51 SUPPORT GROUPS . . . . . 52 FACILITY OUTSIDE LESOTHO . . . . . 61 OTHER _____ 86 (SPECIFY)	→ 931A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
930	Do you know of a place where people can go to get tested for HIV?	YES . . . . . 1 NO 2	→ 931A
931	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVT. HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B GOVT. HEALTH POST . . . . . C FAMILY PLANNING CLINIC . . . . . D OTHER PUBLIC SECTOR _____ E (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . F PHARMACY . . . . . G PRIVATE DOCTOR . . . . . H LESOTHO PLANNED PARENTHOOD I PSI/NEW START CENTER . . . . . J OTHER PRIVATE MEDICAL SECTOR _____ K (SPECIFY) **CHAL** CHAL HOSPITAL . . . . . L CHAL HEALTH CENTER . . . . . M CHAL HEALTH POST . . . . . N RED CROSS HEALTH CENTER . . . . . O VILLAGE HEALTH WORKER . . . . . P SUPPORT GROUPS . . . . . Q FACILITY OUTSIDE LESOTHO . . . . . R OTHER _____ X (SPECIFY)	
931A	Some individuals choose not to go for HIV testing and counseling. In your opinion, why is this so? PROBE: Any other reason?	ALREADY KNOW STATUS . . . . . A FEEL THEY ARE NOT AT RISK . . . . . B FEAR OF RESULTS . . . . . C FEAR OF STIGMA/DISCRIMINATION . D FEAR OF DEATH . . . . . E FEAR OF DEPRESSION . . . . . F DON'T KNOW WHERE TO GET HTC . G FEAR OF GETTING INFECTED DURING TEST . . . . . H FEAR OF PARTNERS' REACTION . . . I LACK OF KNOWLEDGE/IGNORANCE . J FATALISM/NO CURE . . . . . K TOO EXPENSIVE . . . . . L OTHER REASON . . . . . X DON'T KNOW . . . . . Z	
931B	CHECK 916, 922 AND 926: HAS NOT BEEN TESTED FOR HIV ↓ HAS BEEN TESTED FOR HIV →		932

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
931C	What is the main reason you have not been tested for HIV?	ALREADY KNOW STATUS . . . . . 01 NOT AT RISK . . . . . 02 FEAR OF RESULTS . . . . . 03 FEAR OF STIGMA/DISCRIMINATION . 04 FEAR OF DEATH . . . . . 05 FEAR OF DEPRESSION . . . . . 06 DON'T KNOW WHERE TO GET HTC . 07 FEAR OF GETTING INFECTED DURING TEST . . . . . 08 FEAR OF PARTNERS' REACTION . . . 09 LACK OF KNOWLEDGE/IGNORANCE . 10 FATALISM/NO CURE . . . . . 11 TOO EXPENSIVE . . . . . 12 OTHER REASON . . . . . 96 DON'T KNOW 98	
932	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
933	If a member of your family got infected with HIV, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
934	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
935	In your opinion, if a female teacher has HIV but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . . 1 SHOULD NOT BE ALLOWED . . . . . 2 DK/NOT SURE/DEPENDS 8	
936	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
937	CHECK 901: HEARD ABOUT AIDS ☐ → a) Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS ☐ → b) Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	
938	CHECK 613: HAS HAD SEXUAL INTERCOURSE ☐ → NEVER HAD SEXUAL INTERCOURSE ☐ → 946		
939	CHECK 937: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ → NO ☐ → 941		
940	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
941	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
942	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
943	CHECK 940, 941, AND 942: HAS HAD AN INFECTION (ANY 'YES') ↓ HAS NOT HAD AN INFECTION OR DOES NOT KNOW →		946
944	The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?	YES . . . . . 1 NO 2	→ 946
945	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVT. HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B GOVT. HEALTH POST . . . . . C FAMILY PLANNING CLINIC . . . . . D OTHER PUBLIC SECTOR _____ E (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . . F PHARMACY . . . . . G PRIVATE DOCTOR . . . . . H LESOTHO PLANNED PARENTHOOD I PSI/NEW START CENTER . . . . . J OTHER PRIVATE MEDICAL SECTOR _____ K (SPECIFY) **CHAL** CHAL HOSPITAL . . . . . L CHAL HEALTH CENTER . . . . . M CHAL HEALTH POST . . . . . N RED CROSS HEALTH CENTER . . . . . O VILLAGE HEALTH WORKER . . . . . P SUPPORT GROUPS . . . . . Q FACILITY OUTSIDE LESOTHO . . . . . R **OTHER SOURCE** SHOP . . . . . S CHURCH . . . . . T FRIEND/RELATIVE . . . . . U TRADITIONAL HEALER . . . . . V OTHER _____ X (SPECIFY)	
946	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
947	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
948	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A MAN ↓ NOT IN UNION →		1001
949	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DEPENDS/NOT SURE 8	
950	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES . . . . . 1 NO . . . . . 2 DEPENDS/NOT SURE 8	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001A	Now I would like to ask you about something else. Since age 15, have you ever had the following symptoms: a) Cough for two weeks or more? b) Fever for two weeks or more? c) Sweating at night? d) Weight loss?	YES NO a) COUGH 2+ WEEKS . . . . . 1 2 b) FEVER 2+ MORE . . . . . 1 2 c) NIGHT SWEATING . . . . . 1 2 d) WEIGHT LOSS 1 2	
1001B	CHECK 1001A AT LEAST ONE YES' ☐ NOT A SINGLE YES' ☐ →		1001L
1001C	Did you seek consultation or treatment for the symptoms?	YES . . . . . 1 NO 2	→ 1001E
1001D	What is the main reason you did not seek treatment for the symptoms?	SYMPTOMS HARMLESS . . . . . 1 COST . . . . . 2 DISTANCE . . . . . 3 EMBARRASSED . . . . . 4 LONG QUEUE . . . . . 5 OTHER 6	→ 1001L
1001E	The last time you had such symptoms, where did you first go for advice or treatment? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVT. HEALTH POST . . . . . 13 OTHER PUBLIC SECTOR . . . . . 16 **PRIVATE MEDICAL SECTOR** PVT HOSPITAL/CLINIC . . . . . 21 PHARMACY . . . . . 22 PVT DOCTOR . . . . . 23 OTHER PRIVATE MEDICAL SECTOR . . . . . 26 **CHAL** CHAL HOSPITAL . . . . . 31 CHAL HEALTH CENTER . . . . . 32 RED CROSS HEALTH CENTER . . . . . 41 VILLAGE HEALTH WORKER . . . . . 51 SUPPORT GROUPS . . . . . 52 FACILITY OUTSIDE LESOTHO . . . . . 61 **OTHER SOURCE** SHOP . . . . . 71 CHURCH . . . . . 72 FRIENDS/RELATIVES . . . . . 73 TRADITIONAL HEALER . . . . . 74 OTHER 96	
1001F	How soon after the symptom(s) appeared did you first seek consultation or treatment?	DAYS . . . . . 1 ☐☐ WEEKS . . . . . 2 ☐☐ MONTHS . . . . . 3 ☐☐ DON'T KNOW 998	
1001G	Were you told by a doctor or a nurse that you had tuberculosis?	YES . . . . . 1 NO 2	→ 1001L
1001H	Were you given any medicine to treat TB?	YES . . . . . 1 NO 2	→ 1001J

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001I	How long were you told to take the medicine?	NUMBER OF MONTHS . . . . . ☐☐ DON'T KNOW/DON'T REMEMBER 98	
1001J	Did you go anywhere else for advice or treatment after you were told that you had tuberculosis?	YES . . . . . 1 NO 2	→ 1002
1001K	Where did you go? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVT. HEALTH POST . . . . . 13 OTHER PUBLIC SECTOR . . . . . 16 **PRIVATE MEDICAL SECTOR** PVT HOSPITAL/CLINIC . . . . . 21 PHARMACY . . . . . 22 PVT DOCTOR . . . . . 23 OTHER PRIVATE MEDICAL SECTOR . . . . . 26 **CHAL** CHAL HOSPITAL . . . . . 31 CHAL HEALTH CENTER . . . . . 32 RED CROSS HEALTH CENTER . . . 41 VILLAGE HEALTH WORKER . . . . . 51 SUPPORT GROUPS . . . . . 52 FACILITY OUTSIDE LESOTHO . . . 61 **OTHER SOURCE** SHOP . . . . . 71 CHURCH . . . . . 72 FRIENDS/RELATIVES . . . . . 73 TRADITIONAL HEALER 74 OTHER 96	→ 1002
1001L	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . . 1 NO 2	→ 1005
1002	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING . . . . . A THROUGH SHARING UTENSILS . . . B THROUGH TOUCHING A PERSON WITH TB . . . . . C THROUGH SHARING FOOD . . . . . D THROUGH SEXUAL CONTACT . . . . . E THROUGH MOSQUITO BITES . . . . . F OTHER . . . . . X DON'T KNOW . . . . . Z	
1003	Can tuberculosis be cured?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1004	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
1004A	Would you be willing to work with someone who has been previously treated for tuberculosis?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1004B	What signs or symptoms would lead you to think that a person has tuberculosis? PROBE: Any other signs or symptoms? RECORD ALL MENTIONED.	COUGHING . . . . . A COUGHING WITH SPUTUM . . . . . B COUGHING FOR SEVERAL WEEKS . C FEVER . . . . . D BLOOD IN SPUTUM . . . . . E LOSS OF APPETITE . . . . . F NIGHT SWEATING . . . . . G PAIN IN CHEST OR BACK . . . . . H TIREDNESS/FATIGUE . . . . . I WEIGHT LOSS . . . . . J OTHER . . . . . X NO SYMPTOMS . . . . . Y DON'T KNOW . . . . . Z	
1004C	What do you think is the cause of tuberculosis? PROBE: Any other causes? RECORD ALL MENTIONED.	MICROBES/GERMS/BACTERIA . . . . . A INHERITED . . . . . B LIFESTYLE . . . . . C SMOKING . . . . . D ALCOHOL DRINKING . . . . . E EXPOSURE TO COLD TEMP. . . . . F DUST/POLLUTION . . . . . G MINING . . . . . H OTHER . . . . . X DON'T KNOW . . . . . Z	
1005	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE . . . . . 00 → 1009	
1006	Among these injections, how many were administered by a doctor, a nurse, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE . . . . . 00 → 1009	
1007	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1009	Do you currently smoke cigarettes, either manufactured or hand-rolled?	YES . . . . . 1 NO . . . . . 2 → 1011	
1010	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES . . . . . ☐☐	
1011	Do you currently smoke or use any (other) type of tobacco?	YES . . . . . 1 NO . . . . . 2 → 1012A	
1012	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . . A CHEWING TOBACCO . . . . . B SNUFF . . . . . C OTHER X	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1012A	Now I want to talk about diabetes. Have you ever heard of an illness called diabetes?	YES . . . . . 1 NO 2	→ 1012E
1012AA	What are symptoms of diabetes? PROBE: Any other symptoms? RECORD ALL MENTIONED.	FREQUENT URINATION . . . . . A FEELING VERY THIRSTY . . . . . B FEELING VERY HUNGRY . . . . . C EXTREME FATIGUE . . . . . D BLURRY VISION . . . . . E CUTS/BRUISES SLOW TO HEAL . . . F WEIGHT LOSS . . . . . G PAIN/TINGLING/NUMBNESS IN HANDS AND FEET . . . . . H OTHER . . . . . X DON'T KNOW . . . . . Z	
1012B	Have you ever been told by a doctor or a nurse that you have diabetes?	YES . . . . . 1 NO 2	→ 1012E
1012C	Are you taking medications for diabetes?	YES . . . . . 1 NO 2	→ 1012E
1012D	How do you take the medicine?	INJECTED . . . . . 1 ORALLY . . . . . 2 BOTH INJECTED AND ORALLY 3	
1012E	Now I want to talk about blood pressure. (Before this survey,) has your blood pressure ever been checked?	YES . . . . . 1 NO 2	→ 1012J
1012F	When was the last time you had your blood pressure checked?	LESS THAN 6 MONTHS AGO . . . . . 1 6 - 11 MONTHS AGO . . . . . 2 1 - 5 YEARS AGO . . . . . 3 MORE THAN 5 YEARS AGO . . . . . 4 DON'T KNOW 8	
1012G	Who took your blood pressure?	DOCTOR/NURSE . . . . . 1 PHARMACIST . . . . . 2 SELF . . . . . 3 OTHER . . . . . 6 DON'T KNOW 8	
1012H	Have you ever been told by a doctor or a nurse that you have high blood pressure?	YES . . . . . 1 NO 2	→ 1012J
1012I	To lower your blood pressure, are you now:	YES NO N/A	
	a) Taking prescribed medicine?	a) TAKE MEDICINE 1 2 3	
	b) Controlling your weight or losing weight?	b) CONTROL WEIGHT 1 2 3	
	c) Cutting down on salt in your diet?	c) CUT DOWN SALT 1 2 3	
	d) Exercising?	d) EXERCISE 1 2 3	
	e) Cutting down on alcohol consumption?	e) CUT DOWN ALCOHOL 1 2 3	
	f) Stopping smoking?	f) STOP SMOKING 1 2 3	
	g) Taking traditional medicine/herbs?	g) TRAD. MED./HERBS 1 2 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1012J	Have you ever heard of a disease called breast cancer?	YES . . . . . 1 NO 2	→ 1012L
1012K	Who can get breast cancer: women only, men only, or both men and women?	WOMEN ONLY . . . . . 1 MEN ONLY . . . . . 2 BOTH 3	
1012L	Have you performed a breast self exam to detect lumps within the last 12 months?	YES . . . . . 1 NO 2	
1012M	Have you had a breast cancer clinical exam to detect breast cancer in the last 12 months?	YES . . . . . 1 NO . . . . . 2 NOT SURE 8	
1012N	Have you ever heard of a pap smear, that is an exam that consists of removing cells from the cervix to detect changes that can suggest the presence of cancer in a woman's womb?	YES . . . . . 1 NO 2	→ 1013
1012O	Have you ever had such an exam in your life time?	YES . . . . . 1 NO 2	→ 1013
1012P	How long ago was the last exam performed?	LESS THAN 12 MONTHS AGO . . . . . 1 1-3 YEARS . . . . . 2 4 + YEARS . . . . . 3 DON'T KNOW/REMEMBER 8	
1013	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not? a) Getting permission to go? b) Getting money needed for treatment? c) The distance to the health facility? d) Not wanting to go alone?	BIG PROB-LEM / NOT A BIG PROB-LEM a) PERMISSION TO GO . 1 2 b) GETTING MONEY . . . 1 2 c) DISTANCE . . . . . 1 2 d) GO ALONE 1 2	
1014	Are you covered by any health insurance?	YES . . . . . 1 NO 2	→ 1101
1015	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE . . . . . A HEALTH INSURANCE THROUGH EMPLOYER . . . . . B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. . . . . C OTHER X	

SECTION 11. MATERNAL MORTALITY

NO.		CODING CATEGORIES	SKIP
1101	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	
1102	CHECK 1101: TWO OR MORE BIRTHS ☐ ONLY ONE BIRTH (RESPONDENT ONLY) ☐ → 1115		
1103	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS	

		(1)	(2)	(3)	(4)	(5)	(6)
1104	What was the name given to your oldest (next oldest) brother or sister?	_____	_____	_____	_____	_____	_____
1105	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
1106	Is (NAME) still alive?	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (2)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (3)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (4)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (5)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (6)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (7)
1107	How old is (NAME)?	☐☐ GO TO (2)	☐☐ GO TO (3)	☐☐ GO TO (4)	☐☐ GO TO (5)	☐☐ GO TO (6)	☐☐ GO TO (7)
1108	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1109	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)
1110	Was (NAME) pregnant when she died?	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2
1111	Did (NAME) die during childbirth?	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2
1112	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
1113	How many live born children did (NAME) give birth to during her lifetime?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

IF NO MORE BROTHERS OR SISTERS, GO TO 1114.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1114	CHECK Qs. 1110, 1111 AND 1112 FOR ALL SISTERS ANY YES ☐ ALL NO OR BLANK ☐ → 1115 Just to make sure I have this right, you told me that your sister(s) _____ (NAME) died when she was (pregnant/delivering/had just delivered). Is that correct? IF CORRECT, CONTINUE. IF NOT, CORRECT QUESTIONNAIRE AND CONTINUE TO 1115.		
1115	CHECK 101B: AGREED TO MEASUREMENT ☐ DID NOT AGREE TO MEASUREMENT OR WAS NOT ASKED 101B ☐ → 1117		
1116	May I measure your blood pressure at this time? DATE INTERVIEWER SIGNATURE / DATE RESPONDENT AGREES ☐ → RECORD OUTCOME OF BLOOD PRESSURE MEASUREMENT. RESPONDENT DOES NOT AGREE ☐ → RECORD 994.	SYSTOLIC . . . . . ☐☐☐ DIASTOLIC . . . . . ☐☐☐ REFUSED . . . . . 994 TECHNICAL PROBLEMS . . . . . 995 OTHER 996	
1117	RECORD THE TIME.	HOURS . . . . . ☐☐ MINUTES . . . . . ☐☐	

SECTION 12. AVERAGING BLOOD PRESSURE MEASURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	CHECK Q600B AND Q1116: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN BOTH Q600B AND Q1116 ☐ ↓ SYSTOLIC AND DIASTOLIC BLOOD PRESSURE MEASURES NOT RECORDED IN BOTH IN BOTH Q600B AND Q1116 ☐ →		1207
1202	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND DIASTOLIC BLOOD PRESSURE FROM Q600B AND Q1116.		
1203	BLOOD PRESSURE MEASUREMENTS FROM Q600B	SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐	
1204	BLOOD PRESSURE MEASUREMENTS FROM Q1116	SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐	
1205	RECORD THE SUM OF THE SYSTOLIC AND DIASTOLIC MEASURES.	SUM SYSTOLIC ☐☐☐ SUM DIASTOLIC ☐☐☐	
1206	CALCULATE THE AVERAGE SYSTOLIC AND DIASTOLIC PRESSURES BY DIVIDING THE SUM IN Q1205 BY 2.	AVERAGE SYSTOLIC ☐☐☐ AVERAGE DIASTOLIC ☐☐☐	→ 1211
1207	CHECK Q1116: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q1116 ☐ ↓ BOTH SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN Q1116 ☐ →		1210
1208	CHECK Q600B: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q600B ☐ ↓ BOTH SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN Q600B ☐ →		1210
1209	CHECK Q102F: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN Q102F ☐ ↓ BOTH SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q102F ☐ →		1213
1210	RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐	

1211 USE THE TABLE BELOW TO DETERMINE THE CORRECT CODE TO RECORD ON THE BLOOD PRESSURE REPORT AND REFERRAL FORM.

CIRCLE THE **ROW** IN WHICH THE VALUE FOR THE **SYSTOLIC** BLOOD PRESSURE FROM Q1206 OR Q1210 IS FOUND.

THEN CIRCLE THE **COLUMN** IN WHICH THE VALUE FOR THE **DIASTOLIC** BLOOD FROM Q1206 OR Q1210 IS FOUND.

THE VALUE WHERE THE ROW AND COLUMN YOU HAVE CIRCLED INTERSECT IN THE TABLE WILL BE USED IN COMPLETING Q1212.

AVERAGE SYSTOLIC PRESSURE	AVERAGE DIASTOLIC PRESSURE					
	<80	<85	85-89	90-99	100-109	≥ 110
<120	1	2	3	4	5	6
<130	2	2	3	4	5	6
130-139	3	3	3	4	5	6
140-159	4	4	4	4	5	6
160-179	5	5	5	5	5	6
≥ 180	6	6	6	6	6	6

1212 RECORD THE NUMBER YOU RECORDED IN Q1211 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE FINDINGS REPORT FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS SHE MAY HAVE.

	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:
1	NORMAL/OPTIMAL	**1 YEAR**
2	NORMAL/MILDLY HIGH	**1 YEAR**
3	NORMAL/MODERATELY HIGH	**2 MONTHS**
4	ABNORMAL/MILDLY ELEVATED	**1 MONTH**
5	ABNORMAL/MODERATELY ELEVATED	**1 WEEK**
6	ABNORMAL/SEVERELY ELEVATED	**IMMEDIATELY**

1213 THANK THE RESPONDENT AND ADVISE THAT THE RESPONDENT OR OTHER MEMBERS OF THE HOUSEHOLD MAY BE ASKED TO PARTICIPATE AGAIN IN INTERVIEWS OR OTHER SURVEY ACTIVITIES IN THE FUTURE.

Thank you for taking the time to answer these questions. We may return to interview you or other members of your household again or to ask you to participate in other survey activities in the future. We hope that you will agree at that time.

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

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

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUCD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 MALE CONDOM
- 8 FEMALE CONDOM
- 9 RHYTHM METHOD
- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 SIDE EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____ (SPECIFY)
- Z DON'T KNOW

				1	2	
	12	DEC	01			
	11	NOV	02			
	10	OCT	03			
	09	SEP	04			
2	08	AUG	05			2
0	07	JUL	06			0
1	06	JUN	07			1
4	05	MAY	08			4
	04	APR	09			
	03	MAR	10			
	02	FEB	11			
	01	JAN	12			
	12	DEC	13			
	11	NOV	14			
	10	OCT	15			
	09	SEP	16			
2	08	AUG	17			2
0	07	JUL	18			0
1	06	JUN	19			1
3	05	MAY	20			3
	04	APR	21			
	03	MAR	22			
	02	FEB	23			
	01	JAN	24			
	12	DEC	25			
	11	NOV	26			
	10	OCT	27			
	09	SEP	28			
2	08	AUG	29			2
0	07	JUL	30			0
1	06	JUN	31			1
2	05	MAY	32			2
	04	APR	33			
	03	MAR	34			
	02	FEB	35			
	01	JAN	36			
	12	DEC	37			
	11	NOV	38			
	10	OCT	39			
	09	SEP	40			
2	08	AUG	41			2
0	07	JUL	42			0
1	06	JUN	43			1
1	05	MAY	44			1
	04	APR	45			
	03	MAR	46			
	02	FEB	47			
	01	JAN	48			
	12	DEC	49			
	11	NOV	50			
	10	OCT	51			
	09	SEP	52			
2	08	AUG	53			2
0	07	JUL	54			0
1	06	JUN	55			1
0	05	MAY	56			0
	04	APR	57			
	03	MAR	58			
	02	FEB	59			
	01	JAN	60			
	12	DEC	61			
	11	NOV	62			
	10	OCT	63			
	09	SEP	64			
2	08	AUG	65			2
0	07	JUL	66			0
0	06	JUN	67			0
9	05	MAY	68			9
	04	APR	69			
	03	MAR	70			
	02	FEB	71			
	01	JAN	72			