QUESTIONNAIRES

2015-2016 MALAWI DEMOGRAPHIC AND HEALTH SURVEY
MALAWI GOVERNMENT - NATIONAL STATISTICAL OFFICE
WOMAN'S QUESTIONNAIRE

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

NAME AND LINE NUMBER OF WOMAN _____

WOMAN SELECTED FOR DOMESTIC VIOLENCE MODULE? (1=YES, 2=NO) . . . .

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR
INTERVIEWER'S NAME	_____	_____	_____	INT. NO.
RESULT*	_____	_____	_____	RESULT*
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		

*RESULT CODES: 1 COMPLETED   4 REFUSED
               2 NOT AT HOME   5 PARTLY COMPLETED   7 OTHER _____
               3 POSTPONED   6 INCAPACITATED   SPECIFY

LANGUAGE OF QUESTIONNAIRE** **0 1**   LANGUAGE OF INTERVIEW** [ ][ ]   NATIVE LANGUAGE OF RESPONDENT** [ ][ ]   TRANSLATOR USED (YES = 1, NO = 2) [ ]

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**_____

**LANGUAGE CODES:
   01 ENGLISH   03 TUMBUKA
   02 CHICHEWA   09 OTHER _____
                                (SPECIFY)

SUPERVISOR		OFFICE EDITOR	KEYED BY
_____	[ ][ ][ ][ ]	[ ][ ]	[ ][ ]
NAME	NUMBER	NUMBER	NUMBER

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with The National Statistical Office. We are conducting a survey about health and other topics all over Malawi. 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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS . . . . ☐☐ MINUTES . . . . ☐☐	
102	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . ☐☐ ALWAYS . . . . 95 VISITOR 96	⟶ 105
103	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY . . . . 1 TOWN . . . . 2 RURAL AREA 3	
104	Before you moved here, which [REGION] did you live in?	NOTHERN . . . . 01 CENTRAL . . . . 02 SOUTHERN . . . . 03 OUTSIDE OF MALAWI 96	
105	In what month and year were you born?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS . . . . ☐☐	
107	Have you ever attended school?	YES . . . . 1 NO 2	⟶ 111
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY . . . . 1 SECONDARY . . . . 2 HIGHER 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is the highest [FORM/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] . . . . ☐☐	
110	CHECK 108: PRIMARY OR ☐ HIGHER ☐ SECONDARY ↓		→ 113

111	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 PART OF
		  THE SENTENCE 2
		ABLE TO READ WHOLE SENTENCE 3
		NO CARD WITH REQUIRED
		  LANGUAGE _____ 4
		          (SPECIFY LANGUAGE)
		BLIND/VISUALLY IMPAIRED 5	

112	CHECK 111: CODE '2', '3' ☐ CODE '1' OR '5' ☐ OR '4' ↓ CIRCLED CIRCLED ↓		→ 114
113	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	
114	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	
115	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	
116	Do you own a mobile telephone?	YES . . . . 1 NO 2	→ 118
117	Do you use your mobile phone for any financial transactions?	YES . . . . 1 NO 2	
118	Do you have an account in a bank or other financial institution that you yourself use?	YES . . . . 1 NO 2	
119	Have you ever used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES . . . . 1 NO 2	→ 122
120	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES . . . . 1 NO 2	→ 122
121	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	What is your religion?	CATHOLIC .... 01 CCAP .... 02 ANGLICAN .... 03 SEVENTH DAY ADVENT./BAPTIST .... 04 OTHER CHRISTIAN....................... 05 MUSLIM .... 06 NO RELIGION .... 07 OTHER _____ 96 (SPECIFY)	
123	What is your tribe or ethnic group?	CHEWA .... 01 TUMBUKA .... 02 LOMWE .... 03 TONGA .... 04 YAO .... 05 SENA .... 06 NKHONDE .... 07 NGONI .... 08 OTHER _____ 96 (SPECIFY)	
124	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES .... ☐☐ NONE 00	→ 201
125	In the last 12 months, have you been away from home for more than one month at a time?	YES .... 1 NO 2	

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 boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	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 ☐ NO BIRTHS ☐
	  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 10 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 Is (NAME) a boy or a girl?	214 Were any of these births twins?	215 On what day, month, and year was (NAME) born?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at (NAME)'s 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 '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? 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	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (NEXT BIRTH)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH) ↓
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH) ↓
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH) ↓
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH) ↓

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER.	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
06	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
07	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
08	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
09	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
10	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES . . . . 1 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY NUMBERS ARE SAME ↓	NUMBERS ARE DIFFERENT ☐ (PROBE AND RECONCILE) ←	
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2010-2015	NUMBER OF BIRTHS . . . . ☐ NONE 0	→ 226
225	**C** FOR EACH BIRTH IN 2010-2015, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF COMPLETED MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	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	CHECK 208: TOTAL NUMBER OF BIRTHS ONE OR MORE ☐ NONE ☐ a) Did you want to have a baby later on or did you not want any more children? b) Did you want to have a baby later on or did you not want any children?	LATER . . . . 1 NO MORE/NONE 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES . . . . 1 NO 2	→ 239
230A	I will now ask you about each of them separately. IF NONE, RECORDE "00" 01 In total, how many miscarriages have you had? 02 In total, how many abortions have you had? Please, also include abortions induced by cytotec or other medicines/herbs with abortive effect conducted at home or elswhere by yourself or with a help of a health professional. 03 In total, how many stillbirths have you had?	01. TOTAL MISCARRIAGES . . . . ☐☐ 02. TOTAL INDUCED ABORTIONS . . ☐☐ 03. TOTAL STILLBIRTHS . . . . ☐☐	
231	When did the last such pregnancy end?	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
232	CHECK 231: LAST PREGNANCY ENDED IN 2010-2015 ☐ ————————————————→ LAST PREGNANCY ENDED IN 2009 OR EARLIER ☐ ————————————————→				→ 234 → 239
LINE NO.	233 In what month and year did the preceding such pregnancy end?	234 How many months pregnant were you when that pregnancy ended?	235 Since January 2010, have you had any other pregnancies that did not result in a live birth?		
01		☐☐ NUMBER OF MONTHS	YES .... 1 NO 2		→ NEXT LINE → 236
02	☐☐ ☐☐☐☐ MONTH YEAR	☐☐ NUMBER OF MONTHS	YES .... 1 NO 2		→ NEXT LINE → 236
03	☐☐ ☐☐☐☐ MONTH YEAR	☐☐ NUMBER OF MONTHS	YES .... 1 NO 2		→ NEXT LINE → 236
04	☐☐ ☐☐☐☐ MONTH YEAR	☐☐ NUMBER OF MONTHS	YES .... 1 NO 2		→ 236
236	**C** FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2010-2015 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.				
237	Did you have any miscarriages, abortions or stillbirths that ended before 2010?	YES .... 1 NO 2			→ 239
238	When did the last such pregnancy that terminated before 2010 end?	MONTH .... ☐☐ YEAR .... ☐☐☐☐			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
239	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	
240	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	→ 242
241	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	
242	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

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	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES . . . . 1 NO 2
04	Injectables. 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	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	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES . . . . 1 NO 2
10	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES . . . . 1 NO 2
11	Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES . . . . 1 NO 2
12	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
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES . . . . 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ 1 (SPECIFY) YES, TRADITIONAL METHOD _____ 2 (SPECIFY) NO 3

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 226: NOT PREGNANT ☐ OR UNSURE ↓	PREGNANT ☐	→ 312
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 312
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 IUD . . . . C INJECTABLES . . . . D IMPLANTS . . . . E PILL . . . . F CONDOM . . . . G FEMALE CONDOM . . . . H EMERGENCY CONTRACEPTION . . . . I STANDARD DAYS METHOD . . . . J LACTATIONAL AMENORRHEA METHOD . . . . K RHYTHM METHOD . . . . L WITHDRAWAL . . . . M OTHER MODERN METHOD . . . . X OTHER TRADITIONAL METHOD . . . . Y	→ 307 → 309 → 306 → 309
305	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	LOFEMINOL . . . . 01 MICROGYNON . . . . 02 OVRETTE . . . . 03 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 309
306	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	CHISHANGO . . . . 01 MANYUCHI . . . . 02 SILVERTOUCH . . . . 03 CARE(FEMALE CONDOMS) . . . . 04 PUBLIC SECTOR CONDOMS . . . . 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 309

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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** GOVERNMENT HOSPITAL . . . . 11 GOVERNMENT HEALTH CENTER . . . . 12 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **CHAM/MISSION** HOSPITAL . . . . 21 HEALTH CENTER . . . . 22 **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC . . . . 31 PRIVATE DOCTOR'S OFFICE . . . . 32 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) **BLM** . . . . 41 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
308	In what month and year was the sterilization performed?	MONTH . . . . YEAR	→ 310
309	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?	MONTH . . . . YEAR	
310	CHECK 308 AND 309, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308 OR 309 NO ☐ YES ☐ GO BACK TO 308 OR 309, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD ← (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).	

311	CHECK 308 AND 309:

YEAR IS 2010-2015 ☐

C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.

THEN CONTINUE ↓

YEAR IS 2009 OR EARLIER ☐

C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2010 .

THEN ┐
(SKIP TO 324) ←

312	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 USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2010. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.

		COLUMN 1	COLUMN 2	COLUMN 3
312A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH ☐☐ YEAR ☐☐☐☐	MONTH ☐☐ YEAR ☐☐☐☐	MONTH ☐☐ YEAR ☐☐☐☐
312B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	YES . . . . 1 NO . . . . 2 ┐ (SKIP TO 312I) ←	YES . . . . 1 NO . . . . 2 ┐ (SKIP TO 312I) ←	YES . . . . 1 NO . . . . 2 ┐ (SKIP TO 312I) ←
312C	Which method was that?	METHOD CODE . . ☐	METHOD CODE . . ☐	METHOD CODE . . ☐
312D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY . . . . . 00 ┐ MONTHS . . ☐☐ (SKIP TO 312F) ← DATE GIVEN 95	IMMEDIATELY . . . . . 00 ┐ MONTHS . . ☐☐ (SKIP TO 312F) ← DATE GIVEN 95	IMMEDIATELY . . . . . 00 ┐ MONTHS . . ☐☐ (SKIP TO 312F) ← DATE GIVEN 95
312E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH ☐☐ YEAR ☐☐☐☐	MONTH ☐☐ YEAR ☐☐☐☐	MONTH ☐☐ YEAR ☐☐☐☐
312F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	MONTHS . . ☐☐ ┐ (SKIP TO 312H) ← DATE GIVEN 95	MONTHS . . ☐☐ ┐ (SKIP TO 312H) ← DATE GIVEN 95	MONTHS . . ☐☐ ┐ (SKIP TO 312H) ← DATE GIVEN 95
312G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH ☐☐ YEAR ☐☐☐☐	MONTH ☐☐ YEAR ☐☐☐☐	MONTH ☐☐ YEAR ☐☐☐☐
312H	Why did you stop using (METHOD)?	REASON STOPPED . . . . . ☐	REASON STOPPED . . . . . ☐	REASON STOPPED . . . . . ☐
312I		GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.	GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.	GO BACK TO 312A IN NEW QUESTIONNAIRE; OR, IF NO MORE GAPS, GO TO 313.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED ☐ ANY METHOD USED ☐		→ 315
314	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 326
315	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . . . 00 FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 IUD . . . . 03 INJECTABLES . . . . 04 IMPLANTS . . . . 05 PILL . . . . 06 CONDOM . . . . 07 FEMALE CONDOM . . . . 08 EMERGENCY CONTRACEPTION . . . . 09 STANDARD DAYS METHOD . . . . 10 LACTATIONAL AMENORRHEA METHOD . . . . . 11 RHYTHM METHOD . . . . 12 WITHDRAWAL . . . . 13 OTHER MODERN METHOD . . . . 95 OTHER TRADITIONAL METHOD 96	→ 326 → 319 → 327 → 323

316	You first started using (CURRENT METHOD) in (DATE FROM 308 OR 309). Where did you get it at that 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
		  GOVERNMENT HOSPITAL 11
		  GOVERNMENT HEALTH CENTER 12
		  GOVERNMENT HEALTH POST/
		     OUTREACH 13
		  MOBILE CLINIC 14
		  HSA 15
		  CBDA/DOOR TO DOOR 16
		  OTHER PUBLIC SECTOR
		
		  _____ 17
		      (SPECIFY)
		
		CHAM/MISSION
		  HOSPITAL 21
		  HEALTH CENTER 22
		  MOBILE CLINIC 23
		  CBDA/DOOR TO DOOR 24
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 31
		  PHARMACY 32
		  PRIVATE DOCTOR 33
		  MOBILE CLINIC 34
		  CBDA/DOOR TO DOOR 35
		  OTHER PRIVATE MEDICAL SECTOR
		
		  _____ 36
		      (SPECIFY)
		
		BLM 41
		
		MACRO 51
		
		YOUTH DROP IN CENTRE 61
		
		OTHER SOURCE
		  SHOP 71
		  CHURCH 72
		  FRIEND/RELATIVE 73
		
		OTHER _____ 96
		      (SPECIFY)	

317	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD . . . . 03 INJECTABLES . . . . 04 IMPLANTS . . . . 05 PILL . . . . 06 CONDOM . . . . 07 FEMALE CONDOM . . . . 08 EMERGENCY CONTRACEPTION . . . . 09 STANDARD DAYS METHOD . . . . 10 OTHER MODERN METHOD . . . . 95 OTHER TRADITIONAL METHOD 96	 → 323 → 322 → 323

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	At that time, were you told about side effects or problems you might have with the method?	YES .... 1 NO 2	→ 321 → 320
319	When you got sterilized, were you told about side effects or problems you might have with the method?	YES .... 1 NO 2	→ 321
320	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	→ 322
321	Were you told what to do if you experienced side effects or problems?	YES .... 1 NO 2	
322	CHECK 318 AND 319: ANY ☐ OTHER ☐ 'YES' ↓ ↓ a) At that time, were you told about other methods of family planning that you could use?	b) When you obtained (CURRENT METHOD FROM 315) from (SOURCE OF METHOD FROM 307 OR 316), were you told about other methods of family planning that you could use?	YES .... 1 NO 2	→ 324
323	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	
324	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION .... 01 MALE STERILIZATION .... 02 IUD .... 03 INJECTABLES .... 04 IMPLANTS .... 05 PILL .... 06 CONDOM................................. 07 FEMALE CONDOM .... 08 EMERGENCY CONTRACEPTION .... 09 STANDARD DAYS METHOD .... 10 LACTATIONAL AMENORRHEA METHOD ..... 11 RHYTHM METHOD .... 12 WITHDRAWAL .... 13 OTHER MODERN METHOD .... 95 OTHER TRADITIONAL METHOD 96	→ 327 → 327 → 327

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

325	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
		  GOVERNMENT HOSPITAL 11
		  GOVERNMENT HEALTH CENTER 12
		  GOVERNMENT HEALTH POST/
		    OUTREACH 13
		  MOBILE CLINIC 14
		  HSA 15
		  CBDA/DOOR TO DOOR 16
		  OTHER PUBLIC SECTOR
		
		  _____ 17
		  (SPECIFY)
		
		CHAM/MISSION
		  HOSPITAL 21
		  HEALTH CENTER 22
		  MOBILE CLINIC 23
		  CBDA/DOOR TO DOOR 24
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 31
		  PHARMACY 32
		  PRIVATE DOCTOR 33
		  MOBILE CLINIC 34
		  CBDA/DOOR TO DOOR 35
		  OTHER PRIVATE MEDICAL SECTOR
		
		  _____ 36
		  (SPECIFY)
		
		BLM 41
		
		MACRO 51
		
		YOUTH DROP IN CENTRE 61
		
		OTHER SOURCE
		  SHOP 71
		    CHURCH 72
		    FRIEND/RELATIVE 73
		
		  OTHER _____ 96
		  (SPECIFY)
			→ 327

326	Do you know of a place where you can obtain a method of family planning?	YES . . . . 1 NO 2	
327	In the last 12 months, were you visited by a fieldworker?	YES . . . . 1 NO 2	→ 329
328	Did the fieldworker talk to you about family planning?	YES . . . . 1 NO 2	
329	CHECK 202: LIVING CHILDREN YES ☐ NO ☐ a) In the last 12 months, have you visited a health facility for care for yourself or your children? b) In the last 12 months, have you visited a health facility for care for yourself?	YES . . . . 1 NO 2	→ 401
330	Did any staff member at the health facility speak to you about family planning methods?	YES . . . . 1 NO 2	

401	CHECK 224:		
	ONE OR MORE BIRTHS ☐ IN 2010-2015 ↓		NO BIRTHS IN ☐ 2010-2015 ————————→ 648

402	CHECK 215. RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2010-2015. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL 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.)

		LAST BIRTH	NEXT-TO-LAST BIRTH
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	BIRTH HISTORY NUMBER . . . . ☐☐	BIRTH HISTORY NUMBER . . . . ☐☐
404	FROM 212 AND 216:	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 426) ← NO 2
406	CHECK 208: ONLY ONE ☐ BIRTH ↓ MORE THAN ONE ☐ BIRTH ↓ a) Did you want to have a baby later on, or did you not want any children? b) Did you want to have a baby later on, or did you not want any more children?	LATER . . . . 1 NO MORE/NONE . . . . 2 (SKIP TO 408) ←	LATER . . . . 1 NO MORE/NONE . . . . 2 (SKIP TO 426) ←
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
408	Did you see anyone for antenatal care for this pregnancy?	YES . . . . 1 NO . . . . 2 (SKIP TO 414) ←	
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	**HEALTH PERSONNEL** DOCTOR/CLINICAL OFFICER/MEDICAL ASSISTANT . . . . A NURSE/MIDWIFE . . . . B PATIENT ATTENDANT . . . . . C HSA . . . . D **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . E OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

410	Where did you receive antenatal care for this pregnancy?
	
	Anywhere else?
	
	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
		  HER HOME .... A
		  OTHER HOME .... B
		
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL .. C
		  GOVERNMENT HEALTH
		    CENTER .... D
		  GOVERNMENT HEALTH
		    POST .... E
		  MOBILE CLINIC .... F
		  OTHER PUBLIC SECTOR
		
		  _____ G
		     (SPECIFY)
		
		CHAM/MISSION
		  HOSPITAL .... H
		  HEALTH CENTER I
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/
		    CLINIC .... J
		  MOBILE CLINIC .... K
		  OTHER PRIVATE
		    MEDICAL SECTOR
		
		  _____ L
		     (SPECIFY)
		
		BLM .... M
		
		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	
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? d) Was your height measured? e) Were you weighed? f) Was the fetal heartbeat checked? g) Did you receive information on what foods to eat?	YES NO a) BP .... 1 2 b) URINE .... 1 2 c) BLOOD .... 1 2 d) HEIGHT .... 1 2 e) WEIGHT .... 1 2 f) HEART .... 1 2 g) FOODS 1 2	
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES .... 1 NO .... 2┐ (SKIP TO 417) ◄──┘ DON'T KNOW 8	
415	During this pregnancy, how many times did you get a tetanus injection?	TIMES .... [ ] DON'T KNOW 8	

416	CHECK 415:	2 OR MORE [ ] OTHER
		  TIMES [ ]
		               │
		(SKIP TO 420) ◄──────▼	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
417	At any time before this pregnancy, did you receive any tetanus injections?	YES .... 1 NO .... 2 (SKIP TO 420) ◄ DON'T KNOW 8	
418	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES .... [ ] DON'T KNOW 8	

419	CHECK 418:
	
	ONLY [ ] MORE [ ]
	ONE ↓ THAN ONE ↓
	a) How many years b) How many years
	   ago did you ago did you
	   receive that receive the last
	   tetanus tetanus injection
	   injection? prior to this
	             pregnancy?
		YEARS AGO ..... [ ][ ]	

420	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS.	YES .... 1 NO .... 2 (SKIP TO 422) ◄ DON'T KNOW 8	
421	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	
422	During this pregnancy, did you take any drug for intestinal worms?	YES .... 1 NO .... 2 DON'T KNOW 8	
423	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	YES .... 1 NO .... 2 (SKIP TO 426) ◄ DON'T KNOW 8	
424	How many times did you take SP/Fansidar during this pregnancy?	TIMES .... [ ][ ]	
425	Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source? IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.	ANTENATAL VISIT .... 1 ANOTHER FACILITY VISIT ..... 2 OTHER SOURCE 6	

426	When (NAME) was born, was (NAME) 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

427	Was (NAME) weighed at birth?	YES .... 1 NO .... 2 (SKIP TO 429) ◄ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 429) ◄ DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
428	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 [ ] . [ ][ ][ ] KG FROM RECALL 2 [ ] . [ ][ ][ ] DON'T KNOW 99998	KG FROM CARD 1 [ ] . [ ][ ][ ] KG FROM RECALL 2 [ ] . [ ][ ][ ] DON'T KNOW 99998
429	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/CLINICAL OFFICER/MEDICAL ASSISTANT . . . . A NURSE/MIDWIFE . . . . B PATIENT ATTENDANT . . . . . C **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . D RELATIVE/FRIEND . . . . E OTHER _____ X (SPECIFY) NO ONE ASSISTED . . . . Y	**HEALTH PERSONNEL** DOCTOR/CLINICAL OFFICER/MEDICAL ASSISTANT . . . . A NURSE/MIDWIFE . . . . B PATIENT ATTENDANT . . . . . C **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . D RELATIVE/FRIEND . . . . E OTHER _____ X (SPECIFY) NO ONE ASSISTED . . . . Y
430	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** HER HOME . . . . 11 ┐ (SKIP TO 434) ← OTHER HOME . . . . 12 ┘ **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . 21 GOVERNMENT HEALTH CENTER . . . . 22 GOVERNMENT HEALTH POST/OUTREACH . . . . . 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) **CHAM/MISSION** HOSPITAL . . . . 31 HEALTH CENTER . . . . 32 **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/ CLINIC . . . . 41 OTHER PRIVATE MEDICAL SECTOR _____ 46 (SPECIFY) **BLM** . . . . 51 OTHER _____ 96 ┐ (SPECIFY) (SKIP TO 434) ← ┘	**HOME** HER HOME . . . . 11 ┐ (SKIP TO 434) ← OTHER HOME . . . . 12 ┘ **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . 21 GOVERNMENT HEALTH CENTER . . . . 22 GOVERNMENT HEALTH POST/OUTREACH . . . . . 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) **CHAM/MISSION** HOSPITAL . . . . 31 HEALTH CENTER . . . . 32 **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/ CLINIC . . . . 41 OTHER PRIVATE MEDICAL SECTOR _____ 46 (SPECIFY) **BLM** . . . . 51 OTHER _____ 96 ┐ (SPECIFY) (SKIP TO 434) ← ┘
431	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	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
432	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES . . . . 1 NO . . . . 2 (SKIP TO 434) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 434) ←
433	When was the decision made to have the caesarean section? Was it before or after your labor pains started?	BEFORE . . . . 1 AFTER 2	BEFORE . . . . 1 AFTER 2
434	Immediately after the birth, was (NAME) put directly on the bare skin of your chest?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
434A	CHECK 430: PLACE OF DELIVERY	CODE 11, 12, OR 96 ☐ OTHER CIRCLED (SKIP TO 449) ←	CODE 11, 12, OR 96 ☐ OTHER CIRCLED (SKIP TO 459) ←
435	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 NO . . . . 2 (SKIP TO 438) ←	
436	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	

437	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		DOCTOR/CLINICAL
		   OFFICER/MEDICAL
		   ASSISTANT 11
		NURSE/MIDWIFE 12
		PATIENT ATTENDANT 13
		HSA 14
		
		OTHER PERSON
		TRADITIONAL BIRTH
		   ATTENDANT 21
		
		OTHER _____ 96
		(SPECIFY)	

438	Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the facility?	YES . . . . 1 NO . . . . 2 (SKIP TO 441) ← DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
439	How long after delivery was (NAME)'s health first checked? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . 1 ☐☐ DAYS . . . . 2 ☐☐ WEEKS . . . . 3 DON'T KNOW 998	
440	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR/CLINICAL OFFICER/MEDICAL ASSISTANT . . . . 11 NURSE/MIDWIFE . . . . 12 PATIENT ATTENDANT . . . . . 13 HSA . . . . 14 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . 21 OTHER _____ 96 (SPECIFY)	
441	Now I want to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES . . . . 1 NO . . . . 2 (SKIP TO 445) ←	
442	How long after delivery did that 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	
443	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR/CLINICAL OFFICER/MEDICAL ASSISTANT . . . . 11 NURSE/MIDWIFE . . . . 12 PATIENT ATTENDANT . . . . . 13 HSA . . . . 14 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . 21 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

444	Where did the check 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)
		HOME
		   HER HOME 11
		   OTHER HOME 12
		
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL . . 21
		   GOVERNMENT HEALTH
		      CENTER 22
		   GOVERNMENT HEALTH
		      POST/OUTREACH 23
		   OTHER PUBLIC SECTOR
		
		    _____ 26
		       (SPECIFY)
		
		CHAM/MISSION
		   HOSPITAL 31
		   HEALTH CENTER 32
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/
		      CLINIC 41
		   OTHER PRIVATE
		      MEDICAL SECTOR
		
		    _____ 46
		       (SPECIFY)
		
		BLM 51
		
		OTHER _____ 96
		       (SPECIFY)	

445	I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider or a traditional birth attendant check on (NAME)'s health in the two months after you left (FACILITY IN 430)?	YES . . . . 1 NO . . . . 2 (SKIP TO 457) ◄ DON'T KNOW 8	
446	How many hours, days or weeks after the birth of (NAME) did that 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	

447	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		   DOCTOR/CLINICAL
		      OFFICER/MEDICAL
		      ASSISTANT 11
		   NURSE/MIDWIFE 12
		   PATIENT ATTENDANT 13
		   HSA 14
		
		OTHER PERSON
		   TRADITIONAL BIRTH
		      ATTENDANT 21
		
		OTHER _____ 96
		       (SPECIFY)	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

448	Where did this check of (NAME) 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)
		HOME
		   HER HOME 11
		   OTHER HOME 12
		
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL .. 21
		   GOVERNMENT HEALTH
		     CENTER 22
		   GOVERNMENT HEALTH
		     POST/OUTREACH .. 23
		   OTHER PUBLIC SECTOR
		
		   _____ 26
		     (SPECIFY)
		
		CHAM/MISSION
		   HOSPITAL 31
		   HEALTH CENTER 32
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/
		     CLINIC 41
		   OTHER PRIVATE
		     MEDICAL SECTOR
		
		   _____ 46
		     (SPECIFY)
		
		BLM 51
		
		OTHER _____ 96
		     (SPECIFY)
		
		   (SKIP TO 457) ←	

449	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 453) ←	
450	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	

451	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		   DOCTOR/CLINICAL
		     OFFICER/MEDICAL
		     ASSISTANT 11
		   NURSE/MIDWIFE 12
		   PATIENT ATTENDANT 13
		   HSA 14
		
		OTHER PERSON
		   TRADITIONAL BIRTH
		     ATTENDANT 21
		
		OTHER _____ 96
		     (SPECIFY)	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

452	Where did this first check 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)
		HOME
		  HER HOME 11
		  OTHER HOME 12
		
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL . . 21
		  GOVERNMENT HEALTH
		    CENTER 22
		  GOVERNMENT HEALTH
		    POST/OUTREACH 23
		  OTHER PUBLIC SECTOR
		
		  _____ 26
		       (SPECIFY)
		
		CHAM/MISSION
		  HOSPITAL 31
		  HEALTH CENTER 32
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/
		    CLINIC 41
		  OTHER PRIVATE
		    MEDICAL SECTOR
		
		  _____ 46
		       (SPECIFY)
		
		BLM 51
		
		OTHER _____ 96
		         (SPECIFY)	

453	I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?	YES . . . . 1 NO . . . . 2 ⌐ (SKIP TO 457) ◄―┤ DON'T KNOW . . . . 8 ⌐	

454	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.
		HOURS AFTER
		  BIRTH . . . . . 1 ☐☐
		DAYS AFTER
		  BIRTH . . . . . 2 ☐☐
		WEEKS AFTER
		  BIRTH . . . . . 3 ☐☐
		
		DON'T KNOW 998	

455	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		  DOCTOR/CLINICAL
		    OFFICER/MEDICAL
		    ASSISTANT 11
		  NURSE/MIDWIFE 12
		  PATIENT ATTENDANT 13
		  HSA 14
		
		OTHER PERSON
		  TRADITIONAL BIRTH
		    ATTENDANT 21
		
		OTHER _____ 96
		         (SPECIFY)	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

456	Where did this first check of (NAME) 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)
		HOME
		HER HOME 11
		OTHER HOME 12
		
		PUBLIC SECTOR
		GOVERNMENT HOSPITAL . . 21
		GOVERNMENT HEALTH
		   CENTER 22
		GOVERNMENT HEALTH
		   POST/OUTREACH 23
		OTHER PUBLIC SECTOR
		
		_____ 26
		(SPECIFY)
		
		CHAM/MISSION
		HOSPITAL 31
		HEALTH CENTER 32
		
		PRIVATE MEDICAL SECTOR
		PRIVATE HOSPITAL/
		   CLINIC 41
		OTHER PRIVATE
		   MEDICAL SECTOR
		
		_____ 46
		(SPECIFY)
		
		BLM 51
		
		OTHER _____ 96
		(SPECIFY)	

457	During the first two days after (NAME)'s birth, did any health care provider do the following:
	
	a) Examine the cord?
	b) Measure (NAME)'s temperature?
	
	c) Counsel you on danger signs for newborns?
	d) Counsel you on breastfeeding?
	
	e) Observe (NAME) breastfeeding?
		YES NO DK
		a) CORD 1 2 8
		b) TEMP. 1 2 8
		
		c) SIGNS 1 2 8
		
		d) COUNSEL
		   BREAST-
		   FEED 1 2 8
		e) OBSERVE
		   BREAST-
		   FEED 1 2 8	

458	Has your menstrual period returned since the birth of (NAME)?	YES 1
		    (SKIP TO 460) ←
		NO 2
		    (SKIP TO 461) ←	

459	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . 1 NO . . . . 2 (SKIP TO 463) ←
460	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
461	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT PREGNANT OR UNSURE ↓ (SKIP TO 463) ←	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
462	Have you had sexual intercourse since the birth of (NAME)?	YES . . . . 1 NO . . . . 2 ┐ (SKIP TO 464) ←	
463	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
464	Did you ever breastfeed (NAME)?	YES . . . . 1 ┐ (SKIP TO 466) ← NO 2	YES . . . . 1 NO 2
465	CHECK 404: IS CHILD LIVING?	LIVING [ ] DEAD [ ] (SKIP TO 470) ← (GO TO 471) ←	
466	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 [ ][ ]	
467	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . 1 NO 2	
468	CHECK 404: IS CHILD LIVING?	LIVING [ ] DEAD [ ] ↓ (GO TO 471) ←	LIVING [ ] DEAD [ ] ↓ (GO TO 471) ←
469	Are you still breastfeeding (NAME)?	YES . . . . 1 NO 2	
470	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
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501A.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501A.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2012-2015? ONE OR MORE BIRTHS IN 2012-2015 ☐ NO BIRTHS IN 2012-2015 ☐		→ 601
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2012-2015. NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER . . . . ☐☐		
503A	CHECK 216 FOR CHILD: LIVING ☐ DEAD ☐		→ 501B
504A	Do you have a Health Passport or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A HEALTH PASSPORT . . . . 1 YES, HAS ONLY AN OTHER DOCUMENT . . . . . 2 YES, HAS HEALTH PPT AND OTHER DOCUMENT 3 NO, NO HEALTH PPT AND NO OTHER DOCUMEN 4	→ 507A → 507A
505A	Did you ever have a Health Passport for (NAME)?	YES . . . . 1 NO 2	
506A	CHECK 504A: CODE '2' CIRCLED ☐ CODE '4' CIRCLED ☐		→ 511A
507A	May I see the Health Passport or other document where (NAME)'s vaccinations are written down?	YES, ONLY HEALTH PPT SEEN . . . . 1 YES, ONLY OTHER DOCUMENT SEEN . . . . 2 YES, HEALTH PPT AND OTHER DOCUMENT SEE 3 NO HEALTH PPT AND NO OTHER DOCUM. SEEN 4	→ 511A

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER . . . . ☐☐	

NO.	QUESTIONS AND FILTERS		SKIP
508A	COPY DATES FROM THE HEALTH PASSPORT OR FROM OTHER DOCUMENT. WRITE '44' IN 'DAY' COLUMN IF HEALTH PPT OR OTHER DOCUMENT SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.		

	DAY	MONTH	YEAR
BCG			
ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)			
ORAL POLIO VACCINE (OPV) 1			
ORAL POLIO VACCINE (OPV) 2			
ORAL POLIO VACCINE (OPV) 3			
DPT-HEP.B-HIB (PENTAVALENT) 1			
DPT-HEP.B-HIB (PENTAVALENT) 2			
DPT-HEP.B-HIB (PENTAVALENT) 3			
PCV/PNEUMOCOCCAL 1			
PCV/PNEUMOCOCCAL 2			
PCV/PNEUMOCOCCAL 3			
ROTAVIRUS 1			
ROTAVIRUS 2			
MEASLES VACCINE 1			
MEASLES VACCINE 2			
VITAMIN A (MOST RECENT)			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509A	CHECK 508A: 'BCG' TO 'MEASLES VACCINE 2' ALL RECORDED? NO ☐ YES ☐		→ 525A
510A	In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES . . . . 1 ⌐ (PROBE FOR VACCINATIONS AND WRITE '66' IN ← THE CORRESPONDING DAY COLUMN IN 508A) ⌐ (THEN SKIP TO 525A) ← NO . . . . 2 DON'T KNOW 8	→ 525A

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER . . . . ▢▢	
511A	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 525A
512A	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
514A	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 517A
515A	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS . . . . 1 LATER 2	
516A	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES . . . . ▢	
517A	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 519A
518A	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES . . . . ▢	

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER . . . . ☐☐	
519A	Has (NAME) ever received a pneumococcal vaccination (PCV), that is, an injection in the thigh to prevent pneumonia?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 521A
520A	How many times did (NAME) receive the pneumococcal vaccine (PCV)?	NUMBER OF TIMES . . . . ☐	
521A	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 523A
522A	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES . . . . ☐	
523A	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 525A
524A	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES . . . . ☐	
525A	In the last 7 days was (NAME) given: a) MULTIPLE MICRONUTRIENT POWDER ? b) READY TO USE THERAPEUTIC FOOD SUCH AS CHIPONDE ? c) SUPPLEMENTARY FOOD SUCH AS LIKUNI PHALA?	YES NO DK a) POWDER . . . . 1 2 8 b) CHIPONDE . . . . 1 2 8 c) LIKUNI PHALA 1 2 8	
526A	CONTINUE WITH 501B.		

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 215 IN THE BIRTH HISTORY: ANY MORE BIRTHS IN 2012-2015? MORE BIRTHS IN 2012-2015 ☐ NO MORE BIRTHS IN 2012-2015 ☐		→ 601
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2012-2015. NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER . . . . ☐☐	
503B	CHECK 216 FOR CHILD: LIVING ☐ DEAD ☐		→ 526B
504B	Do you have a Health Passport or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A HEALTH PASSPORT . . . . 1 YES, HAS ONLY AN OTHER DOCUMENT . . . . . 2 YES, HAS HEALTH PPT AND OTHER DOCUMENT 3 NO, NO HEALTH PPT AND NO OTHER DOCUMEN 4	→ 507B → 507B
505B	Did you ever have a Health Passport for (NAME)?	YES . . . . 1 NO 2	
506B	CHECK 504B: CODE '2' CIRCLED ☐ CODE '4' CIRCLED ☐		→ 511B
507B	May I see the Health Passport or other document where (NAME)'s vaccinations are written down?	YES, ONLY HEALTH PPT SEEN . . . . 1 YES, ONLY OTHER DOCUMENT SEEN . . . . 2 YES, HEALTH PPT AND OTHER DOCUMENT SEE 3 NO HEALTH PPT AND NO OTHER DOCUM. SEEN 4	→ 511B

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER . . . . [ ][ ]	
508B	COPY DATES FROM THE HEALTH PASSPORT OR FROM OTHER DOCUMENT. WRITE '44' IN 'DAY' COLUMN IF HEALTH PASSPORT OR OTHER DOCUMENT SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.		

	DAY	MONTH	YEAR
BCG			
ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)			
ORAL POLIO VACCINE (OPV) 1			
ORAL POLIO VACCINE (OPV) 2			
ORAL POLIO VACCINE (OPV) 3			
DPT-HEP.B-HIB (PENTAVALENT) 1			
DPT-HEP.B-HIB (PENTAVALENT) 2			
DPT-HEP.B-HIB (PENTAVALENT) 3			
PCV/PNEUMOCOCCAL 1			
PCV/PNEUMOCOCCAL 2			
PCV/PNEUMOCOCCAL 3			
ROTAVIRUS 1			
ROTAVIRUS 2			
MEASLES VACCINE 1			
MEASLES VACCINE 2			
VITAMIN A (MOST RECENT)			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509B	CHECK 508B: 'BCG' TO 'MEASLES VACCINE 2' ALL RECORDED? NO ☐ YES ☐		→ 525B
510B	In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES . . . . 1 ⌐ (PROBE FOR VACCINATIONS AND WRITE '66' IN ← THE CORRESPONDING DAY COLUMN IN 508B) ⌐ (THEN SKIP TO 525B) ← NO . . . . 2 DON'T KNOW 8	→ 525B

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER . . . . ☐☐	
511B	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⤷ 525B
512B	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
514B	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⤷ 517B
515B	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS . . . . 1 LATER 2	
516B	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES . . . . ☐	
517B	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⤷ 519B
518B	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES . . . . ☐	

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH	BIRTH HISTORY NUMBER . . . . [ ][ ]	
519B	Has (NAME) ever received a pneumococcal vaccination (PCV), that is, an injection in the thigh to prevent pneumonia?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 521B
520B	How many times did (NAME) receive the pneumococcal vaccine (PCV)?	NUMBER OF TIMES . . . . [ ]	
521B	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 523B
522B	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES . . . . [ ]	
523B	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 525B
524B	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES . . . . [ ]	
525B	In the last 7 days was (NAME) given: a) MULTIPLE MICRONUTRIENT POWDER ? b) READY TO USE THERAPEUTIC FOOD SUCH AS CHIPONDE ? c) SUPPLEMENTARY FOOD SUCH AS LIKUNI PHALA?	YES NO DK a) POWDER . . . . 1 2 8 b) CHIPONDE . . . . 1 2 8 c) LIKUNI PHALA 1 2 8	

526B	CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2012-2015?
	
	        MORE BIRTHS IN [ ] NO MORE BIRTHS [ ]
	          2012-2015 IN 2012-2015
	        (GO TO 502B IN AN
	           ADDITIONAL
	        QUESTIONNAIRE)
			→ 601

601	CHECK 224:		
	ONE OR MORE BIRTHS ☐ IN 2010-2015 ↓		NO BIRTHS ☐ IN 2010-2015 ──────────→ 648

602	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2010-2015. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL 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.)

		LAST BIRTH	NEXT-TO-LAST BIRTH
603	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	BIRTH HISTORY NUMBER . . . . ☐☐	BIRTH HISTORY NUMBER . . . . ☐☐
604	FROM 212 AND 216:	NAME _____ LIVING ☐ DEAD ☐ ↓ (SKIP TO 646) ←	NAME _____ LIVING ☐ DEAD ☐ ↓ (SKIP TO 646) ←
605	In the last six months, was (NAME) given a vitamin A dose like [this/any of these]? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
606	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like [this/any of these]? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
607	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
608	Has (NAME) had diarrhea in the last 2 weeks?	YES . . . . 1 NO . . . . 2 ┐ (SKIP TO 618) ← DON'T KNOW . . . . 8 ┘	YES . . . . 1 NO . . . . 2 ┐ (SKIP TO 618) ← DON'T KNOW . . . . 8 ┘

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
609	CHECK 464: EVER BREASTFED? YES ☐ NO ☐ a) Now I would like to know how much (NAME) was given to drink during the diarrhea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less? b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) 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
610	When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was (NAME) 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
611	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 615) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 615) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
611A	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS . . . . [ ][ ]	DAYS . . . . [ ][ ]

612	Where did you seek advice or treatment?
	
	Anywhere else?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL . . A
		  GOVERNMENT HEALTH
		    CENTER . . . . B
		  GOVERNMENT HEALTH
		    POST/OUTREACH C
		  MOBILE CLINIC . . . . D
		  HSA . . . . E
		  OTHER PUBLIC SECTOR
		
		  _____ F
		       (SPECIFY)
		
		CHAM/MISSION
		  HOSPITAL . . . . G
		  HEALTH CENTER . . . . H
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/
		    CLINIC I
		  PHARMACY . . . . J
		  PRIVATE DOCTOR . . . . K
		  MOBILE CLINIC L
		  HSA . . . . M
		  OTHER PRIVATE
		    MEDICAL SECTOR
		
		  _____ N
		       (SPECIFY)
		
		BLM . . . . O
		
		MACRO . . . . P
		
		YOUTH DROP CENTER . . . . . Q
		
		OTHER SOURCE
		  SHOP . . . . R
		  TRADITIONAL
		    PRACTITIONER . . . . S
		  MARKET . . . . T
		
		  OTHER _____ X
		            (SPECIFY)
			PUBLIC SECTOR
			  GOVERNMENT HOSPITAL . . A
			  GOVERNMENT HEALTH
			    CENTER . . . . B
			  GOVERNMENT HEALTH
			    POST/OUTREACH C
			  MOBILE CLINIC . . . . D
			  HSA . . . . E
			  OTHER PUBLIC SECTOR
			
			  _____ F
			       (SPECIFY)
			
			CHAM/MISSION
			  HOSPITAL . . . . G
			  HEALTH CENTER . . . . H
			
			PRIVATE MEDICAL SECTOR
			  PRIVATE HOSPITAL/
			    CLINIC I
			  PHARMACY . . . . J
			  PRIVATE DOCTOR . . . . K
			  MOBILE CLINIC L
			  HSA . . . . M
			  OTHER PRIVATE
			    MEDICAL SECTOR
			
			  _____ N
			       (SPECIFY)
			
			BLM . . . . O
			
			MACRO . . . . P
			
			YOUTH DROP CENTER . . . . . Q
			
			OTHER SOURCE
			  SHOP . . . . R
			  TRADITIONAL
			    PRACTITIONER . . . . S
			  MARKET . . . . T
			
			  OTHER _____ X
			            (SPECIFY)

613	CHECK 612:	TWO OR ONLY
		  MORE ONE [ ]
		  CODES CODE
		  CIRCLED CIRCLED
		     [ ]
		         ↓ (SKIP TO 615) ←
			TWO OR ONLY
			  MORE ONE [ ]
			  CODES CODE
			  CIRCLED CIRCLED
			     [ ]
			         ↓ (SKIP TO 615) ←

614	Where did you first seek advice or treatment? USE LETTER CODE FROM 612.	FIRST PLACE . . . . [ ]	FIRST PLACE . . . . [ ]

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

615	Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:
	
	a) A fluid made from a special packet called THANZI-ORS?
	
	b) A homemade fluid such as THOBWA?
	c) Zinc tablets or syrup?
		YES NO DK
		
		a) FLUID FROM
		    ORS
		    PACKET .. 1 2 8
		b) HOMEMADE
		    FLUID 1 2 8
		c) ZINC 1 2 8
			YES NO DK
			
			a) FLUID FROM
			    ORS
			    PACKET .. 1 2 8
			c) HOMEMADE
			    FLUID 1 2 8
			d) ZINC 1 2 8

616	CHECK 615:
	
	ANY 'YES' ☐ ALL 'NO' ☐
	     ↓ OR 'DK' ↓
	
	a) Was anything b) Was anything
	   else given to given to treat the
	   treat the diarrhea?
	   diarrhea?
		YES 1
		NO .... 2⌐
		       (SKIP TO 618) ◄———┘
		DON'T KNOW .... 8⌐
			YES 1
			NO .... 2⌐
			       (SKIP TO 618) ◄———┘
			DON'T KNOW .... 8⌐

617	CHECK 615:
	
	ANY 'YES' ☐ ALL 'NO' ☐
	     ↓ OR 'DK' ↓
	
	a) What else was b) What was given
	   given to treat the to treat the
	   diarrhea? diarrhea?
	
	   Anything else? Anything else?
	
	   RECORD ALL TREATMENTS GIVEN.
		PILL OR SYRUP
		   ANTIBIOTIC .... A
		   ANTIMOTILITY .... B
		   OTHER (NOT ANTIBIOTIC
		     OR ANTIMOTILITY) C
		   UNKNOWN PILL
		     OR SYRUP .... D
		
		INJECTION
		   ANTIBIOTIC .... E
		   NON-ANTIBIOTIC .... F
		   UNKNOWN
		     INJECTION .... G
		
		(IV) INTRAVENOUS .... H
		
		HOME REMEDY/
		   HERBAL MEDICINE I
		
		OTHER _____ X
		       (SPECIFY)
			PILL OR SYRUP
			   ANTIBIOTIC .... A
			   ANTIMOTILITY .... B
			   OTHER (NOT ANTIBIOTIC
			     OR ANTIMOTILITY) C
			   UNKNOWN PILL
			     OR SYRUP .... D
			
			INJECTION
			   ANTIBIOTIC .... E
			   NON-ANTIBIOTIC .... F
			   UNKNOWN
			     INJECTION .... G
			
			(IV) INTRAVENOUS .... H
			
			HOME REMEDY/
			   HERBAL MEDICINE I
			
			OTHER _____ X
			       (SPECIFY)

618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1
		NO .... 2⌐
		       (SKIP TO 620) ◄———┘
		DON'T KNOW .... 8⌐
			YES 1
			NO .... 2⌐
			       (SKIP TO 620) ◄———┘
			DON'T KNOW .... 8⌐

619	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
620	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8

621	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES 1
		NO .... 2⌐
		       (SKIP TO 623) ◄———┘
		DON'T KNOW .... 8⌐
			YES 1
			NO .... 2⌐
			       (SKIP TO 623) ◄———┘
			DON'T KNOW .... 8⌐

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

622	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 624) ◄
			CHEST ONLY . . . . 1⌐
			NOSE ONLY . . . . 2⌐
			BOTH . . . . 3⌐
			
			OTHER _____ 6⌐
			     (SPECIFY)
			DON'T KNOW . . . . 8⌐
			  (SKIP TO 624) ◄

623	CHECK 618: HAD FEVER?	YES NO OR DK ☐
		☐↓
		    (SKIP TO 646) ◄
			YES NO OR DK ☐
			☐↓
			    (SKIP TO 646) ◄

624	Did you seek advice or treatment for the illness from any source?	YES 1
		NO . . . . 2⌐
		  (SKIP TO 629) ◄
			YES 1
			NO . . . . 2⌐
			  (SKIP TO 629) ◄

625	Where did you seek advice or treatment?
	
	Anywhere else?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL . . A
		  GOVERNMENT HEALTH
		     CENTER . . . . B
		  GOVERNMENT HEALTH
		     POST/OUTREACH C
		  MOBILE CLINIC . . . . D
		  HSA . . . . E
		  OTHER PUBLIC SECTOR
		
		    _____ F
		    (SPECIFY)
		
		CHAM/MISSION
		  HOSPITAL . . . . G
		  HEALTH CENTER . . . . H
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/
		    CLINIC I
		  PHARMACY . . . . J
		  PRIVATE DOCTOR . . . . K
		  MOBILE CLINIC L
		  HSA . . . . M
		  OTHER PRIVATE
		    MEDICAL SECTOR
		
		    _____ N
		    (SPECIFY)
		BLM . . . . O
		
		MACRO . . . . P
		
		YOUTH DROP IN CENTRE . . Q
		
		OTHER SOURCE
		  SHOP . . . . R
		  TRADITIONAL
		    PRACTITIONER . . . . S
		  MARKET . . . . T
		  ITINERANT DRUG
		    SELLER . . . . U
		
		OTHER _____ X
		    (SPECIFY)
			PUBLIC SECTOR
			  GOVERNMENT HOSPITAL . . A
			  GOVERNMENT HEALTH
			     CENTER . . . . B
			  GOVERNMENT HEALTH
			     POST/OUTREACH C
			  MOBILE CLINIC . . . . D
			  HSA . . . . E
			  OTHER PUBLIC SECTOR
			
			    _____ F
			    (SPECIFY)
			
			CHAM/MISSION
			  HOSPITAL . . . . G
			  HEALTH CENTER . . . . H
			
			PRIVATE MEDICAL SECTOR
			  PRIVATE HOSPITAL/
			    CLINIC I
			  PHARMACY . . . . J
			  PRIVATE DOCTOR . . . . K
			  MOBILE CLINIC L
			  HSA . . . . M
			  OTHER PRIVATE
			    MEDICAL SECTOR
			
			    _____ N
			    (SPECIFY)
			BLM . . . . O
			
			MACRO . . . . P
			
			YOUTH DROP IN CENTRE . . Q
			
			OTHER SOURCE
			  SHOP . . . . R
			  TRADITIONAL
			    PRACTITIONER . . . . S
			  MARKET . . . . T
			  ITINERANT DRUG
			    SELLER . . . . U
			
			OTHER _____ X
			    (SPECIFY)

626	CHECK 625:	TWO OR ONLY MORE ONE ☐ CODES CODE CIRCLED CIRCLED ☐↓ (SKIP TO 628) ◄	TWO OR ONLY MORE ONE ☐ CODES CODE CIRCLED CIRCLED ☐↓ (SKIP TO 628) ◄

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
627	Where did you first seek advice or treatment? USE LETTER CODE FROM 625.	FIRST PLACE .... ☐	FIRST PLACE .... ☐
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS .... ☐☐	DAYS .... ☐☐
629	At any time during the illness, did (NAME) take any drugs for the illness?	YES .... 1 NO .... 2 ⌐ (SKIP TO 646) ◄ DON'T KNOW .... 8 ⌐	YES .... 1 NO .... 2 ⌐ (SKIP TO 646) ◄ DON'T KNOW .... 8 ⌐
630	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	**ANTIMALARIAL DRUGS** LA .... A ASAQ (COMBINED AMODIAQUINE AND ARTESUNATE) .... B SP/FANSIDAR/ NOVIDAR SP .... C QUININE TABLETS .... D INJECTION/IV .... E ARTESUNATE RECTAL .... F INJECTION/IV .... G OTHER ANTIMALARIAL _____ H (SPECIFY) **ANTIBIOTIC DRUGS** PILL/SYRUP .... I INJECTION/IV .... J **OTHER DRUGS** ASPIRIN/CAFENOL ..... K ACETAMINOPHEN/ PANADOL/ PARACETAMOL ..... L IBUPROFEN .... M OTHER _____ X (SPECIFY) DON'T KNOW .... Z	**ANTIMALARIAL DRUGS** LA .... A AA/ASAQ (COMBINED AMODIAQUINE AND ARTESUNATE) .... B SP/FANSIDAR/ NOVIDAR SP .... C QUININE TABLETS .... D INJECTION/IV .... E ARTESUNATE RECTAL .... F INJECTION/IV .... G OTHER ANTIMALARIAL _____ H (SPECIFY) **ANTIBIOTIC DRUGS** PILL/SYRUP .... I INJECTION/IV .... J **OTHER DRUGS** ASPIRIN/CAFENOL ..... K ACETAMINOPHEN/ PANADOL/ PARACETAMOL ..... L IBUPROFEN .... M OTHER _____ X (SPECIFY) DON'T KNOW .... Z
631	CHECK 630: ANY CODE A-H CIRCLED?	YES ↓ NO ☐ (SKIP TO 646) ◄	YES ↓ NO ☐ (SKIP TO 646) ◄

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

632	CHECK 630: LA ('A') GIVEN	CODE 'A' CODE 'A'
		 CIRCLED NOT ☐
		                CIRCLED
		 ↓ (SKIP TO 634) ←
			CODE 'A' CODE 'A'
			 CIRCLED NOT ☐
			                CIRCLED
			 ↓ (SKIP TO 634) ←

633	How long after the fever started did (NAME) first take LA?	SAME DAY 0
		 NEXT DAY 1
		 TWO DAYS AFTER
		   FEVER 2
		 THREE OR MORE DAYS
		   AFTER FEVER 3
		 DON'T KNOW 8
			SAME DAY 0
			 NEXT DAY 1
			 TWO DAYS AFTER
			   FEVER 2
			 THREE OR MORE DAYS
			   AFTER FEVER 3
			 DON'T KNOW 8

634	CHECK 630: ASAQ (COMBINED AMODIAQUINE AND ARTESUNATE) ('B') GIVEN	CODE 'B' CODE 'B'
		 CIRCLED NOT ☐
		                CIRCLED
		 ↓ (SKIP TO 636) ←
			CODE 'B' CODE 'B'
			 CIRCLED NOT ☐
			                CIRCLED
			 ↓ (SKIP TO 636) ←

635	How long after the fever started did (NAME) first take ASAQ?	SAME DAY 0
		 NEXT DAY 1
		 TWO DAYS AFTER
		   FEVER 2
		 THREE OR MORE DAYS
		   AFTER FEVER 3
		 DON'T KNOW 8
			SAME DAY 0
			 NEXT DAY 1
			 TWO DAYS AFTER
			   FEVER 2
			 THREE OR MORE DAYS
			   AFTER FEVER 3
			 DON'T KNOW 8

636	CHECK 630: SP/FANSIDAR/NOVIDAR SP ('C') GIVEN	CODE 'C' CODE 'C'
		 CIRCLED NOT ☐
		                CIRCLED
		 ↓ (SKIP TO 640) ←
			CODE 'C' CODE 'C'
			 CIRCLED NOT ☐
			                CIRCLED
			 ↓ (SKIP TO 640) ←

637	How long after the fever started did (NAME) first take SP/Fansidar/Novidar SP?	SAME DAY 0
		 NEXT DAY 1
		 TWO DAYS AFTER
		   FEVER 2
		 THREE OR MORE DAYS
		   AFTER FEVER 3
		 DON'T KNOW 8
			SAME DAY 0
			 NEXT DAY 1
			 TWO DAYS AFTER
			   FEVER 2
			 THREE OR MORE DAYS
			   AFTER FEVER 3
			 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
640	CHECK 630: QUININE ('D' OR 'E') GIVEN	CODE 'D' OR 'E' CIRCLED ↓ CODE 'D' OR 'E' NOT CIRCLED (SKIP TO 642) ←	CODE 'D' OR 'E' CIRCLED ↓ CODE 'D' OR 'E' NOT CIRCLED (SKIP TO 642) ←
641	How long after the fever started did (NAME) first take quinine?	SAME DAY .... 0 NEXT DAY .... 1 TWO DAYS AFTER FEVER .... 2 THREE OR MORE DAYS AFTER FEVER .... 3 DON'T KNOW 8	SAME DAY .... 0 NEXT DAY .... 1 TWO DAYS AFTER FEVER .... 2 THREE OR MORE DAYS AFTER FEVER .... 3 DON'T KNOW 8
642	CHECK 630: ARTESUNATE ('F' OR 'G') GIVEN	CODE 'F' OR 'G' CIRCLED ↓ CODE 'F' OR 'G' NOT CIRCLED (SKIP TO 644) ←	CODE 'F' OR 'G' CIRCLED ↓ CODE 'F' OR 'G' NOT CIRCLED (SKIP TO 644) ←
643	How long after the fever started did (NAME) first take artesunate?	SAME DAY .... 0 NEXT DAY .... 1 TWO DAYS AFTER FEVER .... 2 THREE OR MORE DAYS AFTER FEVER .... 3 DON'T KNOW 8	SAME DAY .... 0 NEXT DAY .... 1 TWO DAYS AFTER FEVER .... 2 THREE OR MORE DAYS AFTER FEVER .... 3 DON'T KNOW 8
644	CHECK 630: OTHER ANTIMALARIAL ('H') GIVEN	CODE 'H' CIRCLED ↓ CODE 'H' NOT CIRCLED (SKIP TO 646) ←	CODE 'H' CIRCLED ↓ CODE 'H' NOT CIRCLED (SKIP TO 646) ←
645	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY .... 0 NEXT DAY .... 1 TWO DAYS AFTER FEVER .... 2 THREE OR MORE DAYS AFTER FEVER .... 3 DON'T KNOW 8	SAME DAY .... 0 NEXT DAY .... 1 TWO DAYS AFTER FEVER .... 2 THREE OR MORE DAYS AFTER FEVER .... 3 DON'T KNOW 8
646		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 647.	GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 647.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
647	CHECK 615(a), ALL COLUMNS: NO CHILD ☐ RECEIVED FLUID FROM ORS PACKET ↓ ANY CHILD ☐ RECEIVED FLUID FROM ORS PACKET		→ 649
648	Have you ever heard of a special product called THANZI-ORS PACKET you can get for the treatment of diarrhea?	YES . . . . 1 NO 2	
649	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2013-2015 LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ ↓ _____ (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓		→ 701

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
650	Now I would like to ask you about liquids or foods that (NAME FROM 649) 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 649) drink or eat:		
		YES NO DK	
	a) Plain water?	a) 1 2 8	
	b) Juice or juice drinks?	b) 1 2 8	
	c) Soft drinks?	c) 1 2 8	
	d) Clear broth?	d) 1 2 8	
	e) Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	e) . . . . 1 2 8 NUMBER OF [ ] TIMES DRANK	
	f) Infant formula (S26, Naan, Lactogene, Infantcare)? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	f) . . . . 1 2 8 NUMBER OF [ ] TIMES DRANK	
	g) Any other liquids?	g) 1 2 8	
	h) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	h) . . . . 1 2 8 NUMBER OF [ ] TIMES ATE	
	i) Any fortified cereals (Cerelac, Likuni Phala, Nestum, Purity, Sibusiso, Gluco Phala)?	i) 1 2 8	
	j) Bread, rice, noodles, porridge, maize meal (ngaiwa), maize flour (ufawoyera), millet, sorghum, or other foods made from grains?	j) 1 2 8	
	k) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	k) 1 2 8	
	l) Cocoyams, irish potatoes, white sweet potatoes, white yams, cassava, or any other foods made from roots or tubers?	l) 1 2 8	
	m) Any dark green, leafy vegetables such as amaranth, pumpkin leaves, chinese cabbage, greens, kale, cassava leaves, beans, cow peas or sweet potato leaves that are fresh?	m) 1 2 8	
	n) Ripe mangoes, papayas, or guava?	n) 1 2 8	
	o) Any other fruits or vegetables (e.g. bananas, apples, green beans, avocados, tomatoes, okra)?	o) 1 2 8	
	p) Liver, kidney, heart, or other organ meats?	o) 1 2 8	
	q) Any meat, such as beef, pork, lamb, goat, chicken, duck, rabbit or rodents (such as mice, moles, etc.)?	q) 1 2 8	
	r) Grubs, snails or insects?	r) 1 2 8	
	s) Eggs?	s) 1 2 8	
	t) Fresh or dried fish or shellfish, crabs or seafood?	t) 1 2 8	
	u) Any foods made from beans, pigeon peas, cow peas, lentils, nuts, soybeans or ground nut powder (nsinjiro)?	u) 1 2 8	
	v) Cheese or other food made from milk?	v) 1 2 8	
	w) Any oil, fats, or butter, or foods made with any of these?	w) 1 2 8	
	x) Any sugary foods such as chocolates, sweets, candies, sugar cane, honey, patries, cakes, or biscuits?	x) 1 2 8	
	y) Any other solid, semi-solid, or soft food?	y) 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
651	CHECK 650 (CATEGORIES 'h' THROUGH 'y'): NOT A SINGLE 'YES' ☐ AT LEAST ONE 'YES' ☐		→ 653
652	Did (NAME FROM 649) 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 650 TO RECORD FOOD EATEN YESTERDAY) (THEN CONTINUE TO 653) NO 2	→ 654
653	How many times did (NAME FROM 649) 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	

654	The last time (NAME FROM 649) 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)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED .... 1 YES, LIVING WITH A MAN .... 2 NO, NOT IN UNION 3	→ 704
702	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED .... 1 YES, LIVED WITH A MAN .... 2 NO 3	→ 712
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED .... 1 DIVORCED .... 2 SEPARATED 3	→ 709
704	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER .... 1 STAYING ELSEWHERE 2	
705	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. .... ☐☐	
706	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	→ 709
707	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	
708	Are you the first, second, … wife?	RANK .... ☐☐	
709	Have you been married or lived with a man only once or more than once?	ONLY ONCE .... 1 MORE THAN ONCE 2	
710	CHECK 709: MARRIED/ LIVED WITH A MAN ONLY ONCE ☐ │ MARRIED/ LIVED WITH A MAN MORE THAN ONCE ☐ a) In what month and year did you start living with your (husband/partner)? │ 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	→ 712
711	How old were you when you first started living with him?	AGE .... ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	**CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.**		
713	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. 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. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE .... 00 AGE IN YEARS .... ☐☐	→ 731
714	I would like to ask you about your recent sexual activity. 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 ☐☐	→ 716 → 727

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
715	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 ☐☐
716	The last time you had sexual intercourse with this person, was a male or female used?	YES .... 1 NO .... 2 ⌐ (SKIP TO 718) ←	YES .... 1 NO .... 2 ⌐ (SKIP TO 718) ←	YES .... 1 NO .... 2 ⌐ (SKIP TO 718) ←
717	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
718	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/SEX WORKER .. 5 OTHER _____ 6 (SPECIFY)	HUSBAND .... 1 LIVE-IN PARTNER ..... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER _____ 6 (SPECIFY)	HUSBAND .... 1 LIVE-IN PARTNER ..... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER _____ 6 (SPECIFY)
719	How long ago did you first have sexual intercourse with this 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 ☐☐
720	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 ..... ☐☐
721	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
722	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES .... 1 ⌐ (GO BACK TO 715 ← IN NEXT COLUMN) NO .... 2 ⌐ (SKIP TO 724) ←	YES .... 1 ⌐ (GO BACK TO 715 ← IN NEXT COLUMN) NO .... 2 ⌐ (SKIP TO 724) ←	
723	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
724	CHECK 106: AGE 15-24 ☐ AGE 25-49 ☐		→ 727
725	CHECK 701: NOT ☐ CURRENTLY MARRIED/ ☐ IN A UNION LIVING WITH A MAN		→ 727
726	In the past 12 months have you had sex or been sexually involved with anyone because he gave you or told you he would give you gifts, cash, or anything else?	YES . . . . 1 NO 2	
727	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	

728	CHECK 716, MOST RECENT PARTNER (FIRST COLUMN):
	
	                       NO, ☐
	YES, ☐ CONDOM
	CONDOM USED NOT USED NOT ☐
	                         ASKED
			→ 731
			
			→ 731

729	You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	CHISHANGO . . . . 01 MANYUCHI . . . . 02 SILVERTOUCH . . . . 03 CARE(FEMALE CONDOMS) . . . . 04 PUBLIC SECTOR CONDOMS . . . . 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

730	From where did you obtain the condom the last time?
	
	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
		  GOVERNMENT HOSPITAL 11
		  GOVERNMENT HEALTH CENTER 12
		  GOVERNMENT HEALTH POST/
		    OUTREACH 13
		  MOBILE CLINIC 14
		  HSA 15
		  CBDA/DOOR TO DOOR 16
		  OTHER PUBLIC SECTOR
		
		                                                    17
		    _____
		              (SPECIFY)
		
		CHAM/MISSION
		  HOSPITAL 21
		  HEALTH CENTER 22
		  MOBILE CLINIC 23
		  DOOR TO DOOR 24
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 31
		  PHARMACY 32
		  PRIVATE DOCTOR 33
		  MOBILE CLINIC 34
		  CBDA/DOOR TO 35
		  OTHER PRIVATE MEDICAL SECTOR
		
		                                                    36
		    _____
		              (SPECIFY)
		
		BLM 41
		
		MACRO 51
		
		YOUTH DROP IN CENTRE 61
		
		OTHER SOURCE
		  SHOP 71
		  CHURCH 72
		  FRIEND/RELATIVE 73
		  CONDOMISED CAMPAIGNS 74
		
		OTHER _____ 96
		              (SPECIFY)
		DON'T KNOW 98	

731	PRESENCE OF OTHERS DURING THIS SECTION.	

	YES	NO
CHILDREN <10	1	2
MALE ADULTS	1	2
FEMALE ADULTS	1	2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 304: NEITHER ☐　　　　　　HE OR SHE ☐ STERILIZED ↓　　　　STERILIZED		→ 813
802	CHECK 226: PREGNANT ☐　　　　NOT PREGNANT ☐ ↓　　　　　　　　　OR UNSURE		→ 804
803	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	→ 805 ⌐→ 812
804	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	 → 807 → 813 → 811
805	CHECK 226: NOT PREGNANT ☐　　　PREGNANT ☐ OR UNSURE ↓　　　┆　　　　↓ a) How long would you　┆ b) After the birth of the 　like to wait from now　┆ 　child you are expecting 　before the birth of　　┆ 　now, how long would 　(a/another) child?　　┆ 　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	 → 811 → 813 → 811
806	CHECK 226: NOT PREGNANT ☐　　　PREGNANT ☐ OR UNSURE ↓		→ 812
807	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ☐　　　　CURRENTLY ☐ CURRENTLY ┘　　USING USING ↓		→ 813
808	CHECK 805: '24' OR MORE MONTHS ☐　NOT ☐　'00-23' MONTHS ☐ OR '02' OR MORE YEARS ↓　ASKED ↓　OR '00-01' YEAR		→ 812
809	CHECK 714: 　　　　　　　　　　　YEARS ☐ 　　　　　　　　　　　AGO DAYS, WEEKS OR ☐　　　　　　NOT ☐ MONTHS AGO ↓　　　　　　　ASKED		→ 811 → 811

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

810	CHECK 804:
	
	WANTS TO HAVE ☐ WANTS NO MORE/ ☐
	A/ANOTHER CHILD NONE
	
	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?
	
	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	

811	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ☐ NO, NOT ☐ YES, ☐ ASKED CURRENTLY USING CURRENTLY USING		→ 813
812	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	
813	CHECK 216: HAS LIVING ☐ NO LIVING ☐ CHILDREN 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? 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)	→ 815 → 815
814	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)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815	In the last few 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) Received a voice or text message about family planning on a mobile phone? e) Read about family planning on the internet/website? f) Read about family planning on a poster? g) Read about family planning on clothing (i.e. cap. chitenji, t-shirt)? h) Heard about family planning in a drama?	YES NO a) RADIO .... 1 2 b) TELEVISION .... 1 2 c) NEWSPAPER OR MAGAZINE .... 1 2 d) MOBILE PHONE .... 1 2 e) INTERNET/WEBSITE .... 1 2 f) POSTER/FLYERS/REFLETS .... 1 2 g) CLOTHING .... 1 2 h) DRAMA 1 2	
817	CHECK 701: YES, CURRENTLY MARRIED ☐ ↓ YES, LIVING WITH A MAN ☐ ↓ NO, NOT IN A UNION ☐		→ 901
818	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY USING ☐ ↓ NOT CURRENTLY USING ☐ NOT ASKED ☐		→ 820 → 822
819	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)	→ 821
820	Would you say that not 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)	
821	CHECK 304: NEITHER ARE STERILIZED ☐ ↓ HE OR SHE ARE STERILIZED ☐		→ 901
822	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED/ ☐ LIVING WITH A MAN ↓	NOT IN ☐ UNION	→ 909
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS . . . . ☐☐	
903	Did your (husband/partner) ever attend school?	YES . . . . 1 NO 2	→ 906
904	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY . . . . 1 SECONDARY . . . . 2 HIGHER . . . . 3 DON'T KNOW 8	→ 906
905	What was the highest [FORM/YEAR] he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] . . . . ☐☐ DON'T KNOW 98	
906	Has your (husband/partner) done any work in the last 7 days?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 908
907	Has your (husband/partner) done any work in the last 12 months?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 909
908	What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?	_____ _____ ⌐☐☐⌐ _____	
909	Aside from your own housework, have you done any work in the last seven days?	YES . . . . 1 NO 2	→ 913
910	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	→ 913
911	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	→ 913
912	Have you done any work in the last 12 months?	YES . . . . 1 NO 2	→ 917
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ ⌐☐☐⌐ _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
914	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	
915	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	
916	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	
917	CHECK 701: CURRENTLY ☐ MARRIED/LIVING WITH A MAN ↓ NOT IN UNION ☐		→ 925
918	CHECK 916: CODE '1' OR '2' ☐ CIRCLED ↓ OTHER ☐		→ 921

919	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)	

920	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	→ 922

921	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)	

922	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	
923	Who usually makes decisions about making major household purchases: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
924	Who usually makes decisions about visits to your family or relatives: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	
925	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	→ 928
926	Do you have a title deed for any house you own?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 928
927	Is your name on the title deed?	YES .... 1 NO .... 2 DON'T KNOW 8	
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY .... 1 JOINTLY ONLY .... 2 BOTH ALONE AND JOINTLY .... 3 DOES NOT OWN 4	→ 931
929	Do you have a title deed for any land you own?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 931
930	Is your name on the title deed?	YES .... 1 NO .... 2 DON'T KNOW 8	

931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./
		      PRES./ NOT NOT
		     LISTEN. LISTEN. PRES.
		CHILDREN < 10 .... 1 2 3
		HUSBAND 1 2 3
		OTHER MALES 1 2 3
		OTHER FEMALES 1 2 3	

932	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 does not properly cook the food?	YES NO DK a) GOES OUT .... 1 2 8 b) NEGLECTS CHILDREN .. 1 2 8 c) ARGUES .... 1 2 8 d) REFUSES SEX .... 1 2 8 e) FOOD 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES .... 1 NO 2	→ 1042
1002	HIV is the virus that can lead to AIDS. 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	
1003	Can people get HIV from mosquito bites?	YES .... 1 NO .... 2 DON'T KNOW 8	
1004	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	
1004A	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES .... 1 NO .... 2 DON'T KNOW 8	
1005	Can people get HIV by sharing food with a person who has HIV?	YES .... 1 NO .... 2 DON'T KNOW 8	
1006	Can people get HIV because of witchcraft or other supernatural means?	YES .... 1 NO .... 2 DON'T KNOW 8	
1007	Is it possible for a healthy-looking person to have HIV?	YES .... 1 NO .... 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS				SKIP
1008	Can HIV be transmitted from a mother to her baby:		YES	NO	DK
	a) During pregnancy? b) During delivery? c) By breastfeeding?	a) DURING PREGNANCY .. b) DURING DELIVERY ..... c) BREASTFEEDING	1 1 1	2 2 2	8 8 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1009	CHECK 1008: AT LEAST ☐ OTHER ☐ ONE 'YES' ↓		→ 1011
1010	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	

1011	CHECK 208 AND 215:
	
	            NO BIRTHS ☐ ——————
	LAST BIRTH IN ☐
	2013-2015 ↓ LAST BIRTH IN ☐ ———
	           2012 OR EARLIER
			→ 1027
			
			→ 1027

1012	CHECK 408 FOR LAST BIRTH: HAD ☐ NO ☐ ——— ANTENATAL ANTENATAL CARE ↓ CARE		→ 1020
1013	**CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.**		

NO.	QUESTIONS AND FILTERS				SKIP
1014	During any of the antenatal visits for your last birth were you given any information about:		YES	NO	DK
	a) Babies getting HIV from their mother?	a) HIV FROM MOTHER ..	1	2	8
	b) Things that you can do to prevent getting HIV?	b) THINGS TO DO	1	2	8
	c) Getting tested for HIV?	c) TESTED FOR HIV	1	2	8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1015	Were you offered a test for HIV as part of your antenatal care?	YES .... 1 NO 2	
1016	I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES .... 1 NO 2	→ 1019A

1017	Where was the test done?
	
	 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
		 GOVERNMENT HOSPITAL 11
		 GOVERNMENT HEALTH CENTER 12
		 GOVERNMENT HEALTH POST/
		     OUTREACH 13
		 HSA 14
		 DOOR TO DOOR 15
		 OTHER PUBLIC SECTOR
		
		 _____ 16
		 (SPECIFY)
		
		 CHAM/MISSION
		 HOSPITAL 21
		 HEALTH CENTER 22
		 MOBILE CLINIC 23
		 DOOR TO DOOR 24
		
		 PRIVATE MEDICAL SECTOR
		 PRIVATE HOSPITAL/CLINIC/
		     PRIVATE DOCTOR 31
		 LIGHT HOUSE 32
		 DREAM CENTRE 33
		 PHARMACY 34
		 OTHER PRIVATE MEDICAL SECTOR
		
		 _____ 36
		 (SPECIFY)
		
		 BLM 41
		
		 MACRO 51
		
		 OTHER SOURCE
		 HOME 61
		 WORKPLACE 62
		 CORRECTIONAL FACILITY 63
		
		 OTHER _____ 96
		 (SPECIFY)	

1018	I don't want to know the results, but did you get the results of the test?	YES .... 1 NO 2	→ 1019A
1019	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	
1019A	During any of the antenatal visits for your last birth, was the baby's father offered a test for HIV by your health provider?	YES .... 1 NO 2	→ 1020
1019B	I don't want to know the results, but was he tested for HIV at that time?	YES .... 1 NO .... 2 DON'T KNOW 8	
1020	CHECK 430 FOR LAST BIRTH: ANY CODE ☐ OTHER ☐ '21-51' CIRCLED ↓		→ 1024
1021	Between the time you went for delivery but before the baby was born, were you offered an HIV test?	YES .... 1 NO 2	
1022	I don't want to know the results, but were you tested for HIV at that time?	YES .... 1 NO 2	→ 1024
1023	I don't want to know the results, but did you get the results of the test?	YES .... 1 NO 2	→ 1025
1024	CHECK 1016: YES ☐ NO OR ☐ ↓ NOT ASKED		→ 1027
1025	Have you been tested for HIV since that time you were tested during your pregnancy?	YES .... 1 NO 2	→ 1028
1026	How many months ago was your most recent HIV test?	MONTHS AGO .... ☐☐ TWO OR MORE YEARS 95	→ 1033

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1027	I don't want to know the results, but have you ever been tested for HIV?	YES .... 1 NO 2	→ 1031
1028	How many months ago was your most recent HIV test?	MONTHS AGO .... ☐☐ TWO OR MORE YEARS 95	
1029	I don't want to know the results, but did you get the results of the test?	YES .... 1 NO 2	
1029A	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required by the health provider?	TEST REQUESTED BY THE RESPONDENT ..... 1 TEST OFFERED BY THE HEALTH PROVIDER .. 2 TEST REQUIRED BY THE HEALTH PROVIDER .. 3	
1030	Where was the test done? 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** GOVERNMENT HOSPITAL .... 11 GOVERNMENT HEALTH CENTER .... 12 GOVERNMENT HEALTH POST/ OUTREACH .... 13 HSA .... 14 DOOR TO DOOR .... 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **CHAM/MISSION** HOSPITAL .... 21 HEALTH CENTER .... 22 MOBILE CLINIC .... 23 DOOR TO DOOR .... 24 **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR .... 31 PHARMACY .... 32 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) **BLM** .... 41 **MACRO** .... 51 **OTHER SOURCE** HOME .... 61 WORKPLACE .... 62 CORRECTIONAL FACILITY .... 63 OTHER _____ 96 (SPECIFY)	→ 1033
1031	Do you know of a place where people can go to get an HIV test?	YES .... 1 NO 2	→ 1033
1032	Where is that? Any other 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** GOVERNMENT HOSPITAL .... A GOVERNMENT HEALTH CENTER .... B GOVERNMENT HEALTH POST/ OUTREACH .... C HSA .... D DOOR TO DOOR .... E OTHER PUBLIC SECTOR _____ F (SPECIFY) **CHAM/MISSION** HOSPITAL .... G HEALTH CENTER .... H MOBILE CLINIC .... I DOOR TO DOOR .... J **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR .... K PHARMACY .... L OTHER PRIVATE MEDICAL SECTOR _____ M (SPECIFY) **BLM** .... N **MACRO** .... O **OTHER SOURCE** HOME .... P WORKPLACE .... Q CORRECTIONAL FACILITY .... R OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1033	Have you heard of test kits people can use to test themselves for HIV?	YES .... 1 NO 2	→ 1035
1034	Have you ever tested yourself for HIV using a self-test kit?	YES .... 1 NO 2	
1035	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/NOT SURE/DEPENDS 8	
1036	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES .... 1 NO .... 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1037	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES .... 1 NO .... 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1038	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES .... 1 NO .... 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1039	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES .... 1 NO .... 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1040	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE .... 1 DISAGREE .... 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1041	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES .... 1 NO .... 2 SAYS SHE HAS HIV .... 3 DON'T KNOW/NOT SURE/DEPENDS 8	
1042	CHECK 1001: HEARD ABOUT ☐ NOT HEARD ABOUT ☐ HIV OR AIDS ↓ HIV OR AIDS ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? b) Have you heard about infections that can be transmitted through sexual contact?	YES .... 1 NO 2	
1043	CHECK 713: HAS HAD SEXUAL ☐ NEVER HAD SEXUAL ☐ INTERCOURSE ↓ INTERCOURSE	→ 1051
1044	CHECK 1042: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐ ↓	→ 1046

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1045	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	
1046	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	
1047	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	
1048	CHECK 1045, 1046, AND 1047: HAS HAD AN ☐ INFECTION ↓ (ANY 'YES') HAS NOT HAD AN ☐ INFECTION OR DOES NOT KNOW		→ 1051
1049	The last time you had (PROBLEM FROM 1045/1046/1047), did you seek any kind of advice or treatment?	YES .... 1 NO 2	→ 1051

1050	Where did you go?
	
	Any other 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
		  GOVERNMENT HOSPITAL .... A
		  GOVERNMENT HEALTH CENTER .... B
		  GOVERNMENT HEALTH POST/
		     OUTREACH C
		  HSA .... D
		  DOOR TO DOOR .... E
		  OTHER PUBLIC SECTOR
		
		    _____ F
		        (SPECIFY)
		
		CHAM/MISSION
		  HOSPITAL .... G
		  HEALTH CENTER .... H
		  MOBILE CLINIC I
		  DOOR TO DOOR .... J
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/
		    PRIVATE DOCTOR .... K
		  PHARMACY L
		  OTHER PRIVATE MEDICAL SECTOR
		
		    _____ M
		        (SPECIFY)
		
		BLM .... N
		
		MACRO .... O
		
		OTHER SOURCE
		  SHOP .... P
		
		OTHER _____ X
		        (SPECIFY)	

1051	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	
1052	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1053	CHECK 701: CURRENTLY MARRIED/ ☐ LIVING WITH A MAN ↓ NOT IN UNION ☐		→ 1101
1054	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	
1055	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES . . . . 1 NO . . . . 2 DEPENDS/NOT SURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	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 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . . ☐☐ NONE 00	→ 1104
1102	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . . ☐☐ NONE 00	→ 1104
1103	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	
1104	Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY . . . . 1 SOME DAYS . . . . 2 NOT AT ALL 3	→ 1106
1105	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES . . . . ☐☐	
1106	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	EVERY DAY . . . . 1 SOME DAYS . . . . 2 NOT AT ALL 3	→ 1108
1107	What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPES FULL OF TOBACCO . . . . A CIGARS, CHEROOTS, OR CIGARILLOS . . . . B WATER PIPE . . . . C SNUFF BY MOUTH . . . . D SNUFF BY NOSE . . . . E CHEWING TOBACCO . . . . F OTHER _____ X (SPECIFY)	
1108	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 big problem: a) Getting permission to go to the doctor? b) Getting money needed for advice or treatment? c) The distance to the health facility? d) Not wanting to go alone? e) Concern that there may not be a female health provider? f) Concern that there may not be any health provider? g) Concern that there may be no drugs available?	<table><tr><td></td><td>BIG PROBLEM</td><td>NOT A BIG PROBLEM</td></tr><tr><td>a) PERMISSION TO GO . . . . .</td><td>1</td><td>2</td></tr><tr><td>b) GETTING MONEY . . . .</td><td>1</td><td>2</td></tr><tr><td>c) DISTANCE . . . .</td><td>1</td><td>2</td></tr><tr><td>d) GO ALONE . . . .</td><td>1</td><td>2</td></tr><tr><td>e) NO FEMALE PROVIDER . .</td><td>1</td><td>2</td></tr><tr><td>f) NO PROVIDER . . . .</td><td>1</td><td>2</td></tr><tr><td>g) NO DRUGS . . . .</td><td>1</td><td>2</td></tr></table>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1109	Are you covered by any health insurance?	YES . . . . 1 NO 2	→ 1111

1110	What type of health insurance are you covered by?
	
	 RECORD ALL MENTIONED.
		HEALTH INSURANCE THROUGH
		     EMPLOYER . . . . A
		 PRIVATELY PURCHASED
		     COMMERCIAL HEALTH INSURANCE . . . . . B
		
		 OTHER _____ X
		                   (SPECIFY)	

1111	Sometimes a woman can have a problem of constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after pelvic surgery. Have you ever experienced a constant leakage of urine or stool from your vagina during the day and night?	YES . . . . 1 NO 2	→ 1114
1112	Have you ever heard of this problem?	YES . . . . 1 NO 2	
1113	Do you know any woman who currently has or who has ever experienced this problem?	YES . . . . 1 NO 2	→ 1123
1114	Did this problem start after you delivered a baby or had a stillbirth?	AFTER DELIVERED BABY . . . . 1 AFTER HAD STILLBIRTH . . . . 2 NEITHER 3	→ 1116
1115	Did this problem start after a normal labor and delivery, or after a very difficult labor and delivery, or after a very difficult labor and pelvic surgery ?	NORMAL LABOR/DELIVERY . . . . 1 VERY DIFFICULT LABOR/DELIVERY . . . . 2 PELVIC SURGERY 3	→ 1117
1116	What do you think caused this problem?	SEXUAL ASSAULT . . . . 1 PELVIC SURGERY . . . . 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→ 1118
1117	How many days after (CAUSE OF PROBLEM FROM 1114 OR 1116) did the leakage start? ENTER '90' IF 90 DAYS OR MORE.	NUMBER OF DAYS AFTER DELIVERY/OTHER EVENT . . . . [ ][ ]	
1118	Have you sought treatment for this condition?	YES . . . . 1 NO 2	→ 1120
1119	Why have you not sought treatment? PROBE AND RECORD ALL MENTIONED.	DO NOT KNOW CAN BE FIXED . . . . A DO NOT KNOW WHERE TO GO . . . . B TOO EXPENSIVE . . . . C TOO FAR . . . . D POOR QUALITY OF CARE . . . . E COULD NOT GET PERMISSION . . . . F EMBARRASSMENT/STIGMA . . . . G PROBLEM DISAPPEARED . . . . H OTHER _____ X (SPECIFY)	→ 1123

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

1120	From whom did you last seek treatment?	**HEALTH PROFESSIONAL**
		    DOCTOR/CLINICAL OFFICER 1
		    NURSE/MIDWIFE 2
		    PATIENT ATTENDANT 4
		OTHER PERSON
		    TRADITIONAL PRACTITIONEI 5
		
		OTHER _____ 6
		                          (SPECIFY)	

1121	Did you have an operation to fix the problem?	YES . . . . 1 NO 2	
1122	Did the treatment stop the leakage completely? IF NO: Did the treatment reduce the leakage?	YES, STOPPED COMPLETELY . . . . 1 NOT STOPPED BUT REDUCED . . . . 2 NOT STOPPED AT ALL 3	
1123	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . 1 NO 2	→ 1201

1124	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 TE C
		THROUGH FOOD . . . . D
		THROUGH SEXUAL CONTACT . . . . E
		THROUGH MOSQUITO BITES . . . . F
		
		OTHER _____ X
		                         (SPECIFY)
		DON'T KNOW . . . . Z	

1125	Can tuberculosis be cured?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1126	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	

SECTION 12. MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	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 . . . . ☐☐	
1202	CHECK 1201: TWO OR MORE BIRTHS ☐ ONLY ONE BIRTH ☐ → (RESPONDENT ONLY)		1300
1203	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS . . . . ☐☐	

1204	What was the name given to your (oldest/ next oldest) brother or sister?	(1) ____	(2) ____	(3) ____	(4) ____	(5) ____	(6) ____
1205	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
1206	Is (NAME) still alive?	YES . . . . . . 1 NO . . . . . . 2 GO TO 1208 ← DK . . . . . . 8 GO TO (2) ←	YES . . . . . . 1 NO . . . . . . 2 GO TO 1208 ← DK . . . . . . 8 GO TO (3) ←	YES . . . . . . 1 NO . . . . . . 2 GO TO 1208 ← DK . . . . . . 8 GO TO (4) ←	YES . . . . . . 1 NO . . . . . . 2 GO TO 1208 ← DK . . . . . . 8 GO TO (5) ←	YES . . . . . . 1 NO . . . . . . 2 GO TO 1208 ← DK . . . . . . 8 GO TO (6) ←	YES . . . . . . 1 NO . . . . . . 2 GO TO 1208 ← DK . . . . . . 8 GO TO (7) ←
1207	How old is (NAME)?	☐☐ GO TO (2)	☐☐ GO TO (3)	☐☐ GO TO (4)	☐☐ GO TO (5)	☐☐ GO TO (6)	☐☐ GO TO (7)
1208	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1209	How old was (NAME) when (he/she) died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214
1210	Was (NAME) pregnant when she died?	YES . . . . . . 1 GO TO 1214 ← NO 2	YES . . . . . . 1 GO TO 1214 ← NO 2	YES . . . . . . 1 GO TO 1214 ← NO 2	YES . . . . . . 1 GO TO 1214 ← NO 2	YES . . . . . . 1 GO TO 1214 ← NO 2	YES . . . . . . 1 GO TO 1214 ← NO 2
1211	Did (NAME) die during childbirth?	YES . . . . . . 1 GO TO 1214 ← NO 2	YES . . . . . . 1 GO TO 1214 ← NO 2	YES . . . . . . 1 GO TO 1214 ← NO 2	YES . . . . . . 1 GO TO 1214 ← NO 2	YES . . . . . . 1 GO TO 1214 ← NO 2	YES . . . . . . 1 GO TO 1214 ← NO 2
1212	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES . . . . . . 1 NO . . . . . . 2 GO TO 1214 ←	YES . . . . . . 1 NO . . . . . . 2 GO TO 1214 ←	YES . . . . . . 1 NO . . . . . . 2 GO TO 1214 ←	YES . . . . . . 1 NO . . . . . . 2 GO TO 1214 ←	YES . . . . . . 1 NO . . . . . . 2 GO TO 1214 ←	YES . . . . . . 1 NO . . . . . . 2 GO TO 1214 ←
1213	How many days after the end of the pregnancy did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1214	Was (NAME)'s death due to an act of violence?	YES . . . . . . 1 GO TO (2) ← NO 2	YES . . . . . . 1 GO TO (3) ← NO 2	YES . . . . . . 1 GO TO (4) ← NO 2	YES . . . . . . 1 GO TO (5) ← NO 2	YES . . . . . . 1 GO TO (6) ← NO 2	YES . . . . . . 1 GO TO (7) ← NO 2
1215	Was (NAME)'s death due to an accident?	YES . . . . . . 1 NO . . . . . . 2 GO TO (2)	YES . . . . . . 1 NO . . . . . . 2 GO TO (3)	YES . . . . . . 1 NO . . . . . . 2 GO TO (4)	YES . . . . . . 1 NO . . . . . . 2 GO TO (5)	YES . . . . . . 1 NO . . . . . . 2 GO TO (6)	YES . . . . . . 1 NO . . . . . . 2 GO TO (7)

IF NO MORE BROTHERS OR SISTERS, GO TO 1300.

		(7)	(8)	(9)	(10)	(11)	(12)
1204	What was the name given to your (oldest/ next oldest) brother or sister?	_____	_____	_____	_____	_____	_____
1205	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
1206	Is (NAME) still alive?	YES ...... 1 NO ...... 2 GO TO 1208 DK ...... 8 GO TO (8)	YES ...... 1 NO ...... 2 GO TO 1208 DK ...... 8 GO TO (9)	YES ...... 1 NO ...... 2 GO TO 1208 DK ...... 8 GO TO (10)	YES ...... 1 NO ...... 2 GO TO 1208 DK ...... 8 GO TO (11)	YES ...... 1 NO ...... 2 GO TO 1208 DK ...... 8 GO TO (12)	YES ...... 1 NO ...... 2 GO TO 1208 DK ...... 8 GO TO (13)
1207	How old is (NAME)?	☐☐ GO TO (8)	☐☐ GO TO (9)	☐☐ GO TO (10)	☐☐ GO TO (11)	☐☐ GO TO (12)	☐☐ GO TO (13)
1208	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1209	How old was (NAME) when (he/she) died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214
1210	Was (NAME) pregnant when she died?	YES ...... 1 GO TO 1214 NO 2	YES ...... 1 GO TO 1214 NO 2	YES ...... 1 GO TO 1214 NO 2	YES ...... 1 GO TO 1214 NO 2	YES ...... 1 GO TO 1214 NO 2	YES ...... 1 GO TO 1214 NO 2
1211	Did (NAME) die during childbirth?	YES ...... 1 GO TO 1214 NO 2	YES ...... 1 GO TO 1214 NO 2	YES ...... 1 GO TO 1214 NO 2	YES ...... 1 GO TO 1214 NO 2	YES ...... 1 GO TO 1214 NO 2	YES ...... 1 GO TO 1214 NO 2
1212	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ...... 1 NO ...... 2 GO TO 1214	YES ...... 1 NO ...... 2 GO TO 1214	YES ...... 1 NO ...... 2 GO TO 1214	YES ...... 1 NO ...... 2 GO TO 1214	YES ...... 1 NO ...... 2 GO TO 1214	YES ...... 1 NO ...... 2 GO TO 1214
1213	How many days after the end of the pregnancy did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1214	Was (NAME)'s death due to an act of violence?	YES ...... 1 GO TO (8) NO 2	YES ...... 1 GO TO (9) NO 2	YES ...... 1 GO TO (10) NO 2	YES ...... 1 GO TO (11) NO 2	YES ...... 1 GO TO (12) NO 2	YES ...... 1 GO TO (13) NO 2
1215	Was (NAME)'s death due to an accident?	YES ...... 1 NO ...... 2 GO TO (8)	YES ...... 1 NO ...... 2 GO TO (9)	YES ...... 1 NO ...... 2 GO TO (10)	YES ...... 1 NO ...... 2 GO TO (11)	YES ...... 1 NO ...... 2 GO TO (12)	YES ...... 1 NO ...... 2 GO TO (13)
IF NO MORE BROTHERS OR SISTERS, GO TO 1300.							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1300	CHECK FRONT COVER WOMAN SELECTED ☐ FOR THIS SECTION ↓	WOMAN ☐ NOT SELECTED	→ 1333
1301	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED . . . . 1 ↓	PRIVACY NOT POSSIBLE 2	→ 1332
1301A	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Malawi. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. 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.		
1302	CHECK 701 AND 702: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓	FORMERLY MARRIED/ LIVED WITH A MAN ☐ (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/PARTNER') ↓ NEVER MARRIED/ NEVER LIVED WITH A MAN ☐	→ 1316

1303	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)?			YES	NO	DK	
	a) He (is/was) jealous or angry if you (talk/talked) to other men?	JEALOUS	. . . .	1	2	8	
	b) He frequently (accuses/accused) you of being unfaithful?	ACCUSES	. . . .	1	2	8	
	c) He (does/did) not permit you to meet your female friends?	NOT MEET FRIENDS	. .	1	2	8	
	d) He (tries/tried) to limit your contact with your family?	NO FAMILY	. . . .	1	2	8	
	e) He (insists/insisted) on knowing where you (are/were) at all times?	WHERE YOU ARE	. . . . .	1	2	8	

1304 Now I need to ask some more questions about your relationship with your (last) (husband/partner).

A. Did your (last) (husband/partner) ever:

B. How often did this happen during the last 12 months: often, only sometimes, or not at all?

	EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a) say or do something to humiliate you in front of others?	YES	1 →	1	2	3
	NO	2 ↓			
b) threaten to hurt or harm you or someone you care about?	YES	1 →	1	2	3
	NO	2 ↓			
c) insult you or make you feel bad about yourself?	YES	1 →	1	2	3
	NO	2 ↓			

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES			SKIP
1305	A. Did your (last) (husband/partner) ever do any of the following things to you:		B. How often did this happen during the last 12 months: often, only sometimes, or not at all?			

		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	
	a) push you, shake you, or throw something at you?	YES 1 / NO 2	1	2	3	
	b) slap you?	YES 1 / NO 2	1	2	3	
	c) twist your arm or pull your hair?	YES 1 / NO 2	1	2	3	
	d) punch you with his fist or with something that could hurt you?	YES 1 / NO 2	1	2	3	
	e) kick you, drag you, or beat you up?	YES 1 / NO 2	1	2	3	
	f) try to choke you or burn you on purpose?	YES 1 / NO 2	1	2	3	
	g) threaten or attack you with a knife, gun, or other weapon?	YES 1 / NO 2	1	2	3	
	h) physically force you to have sexual intercourse with him when you did not want to?	YES 1 / NO 2	1	2	3	
	i) physically force you to perform any other sexual acts you did not want to?	YES 1 / NO 2	1	2	3	
	j) force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 / NO 2	1	2	3	

1306	CHECK 1305A (a-j):				
	AT LEAST ONE 'YES' ☐		NOT A SINGLE 'YES' ☐		→ 1309

1307	How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS . . . . . ☐☐ BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95	

1308	Did the following ever happen as a result of what your (last) (husband/partner) did to you:		
	a) You had cuts, bruises, or aches?	YES . . . . 1 NO 2	
	b) You had eye injuries, sprains, dislocations, or burns?	YES . . . . 1 NO 2	
	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES . . . . 1 NO 2	

1309	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?	YES . . . . 1 NO 2	→ 1311

1310	In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	OFTEN . . . . 1 SOMETIMES . . . . 2 NOT AT ALL 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1311	Does (did) your (last) (husband/partner) drink alcohol?	YES . . . . 1 NO 2	→ 1313
1312	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN . . . . 1 SOMETIMES . . . . 2 NEVER 3	
1313	Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID . . . . 1 SOMETIMES AFRAID . . . . 2 NEVER AFRAID 3	

1314	CHECK 709:
	MARRIED MORE ☐ MARRIED ONLY ☐ → 1316 THAN ONCE ↓ ONCE

1315	A. So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner).	B. How long ago did this last happen?	

		EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER
	a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?	YES 1 NO 2 ↓	→ 1	2	3
	b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	YES 1 NO 2 ↓	→ 1	2	3

1316	CHECK 701 AND 702:		
	EVER MARRIED/EVER ☐ NEVER MARRIED/NEVER ☐ LIVED WITH A MAN ↓ LIVED WITH A MAN ↓		
	a) From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically? b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES . . . . 1 NO . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1319

| 1317 | Who has hurt you in this way?

Anyone else?

RECORD ALL MENTIONED. | MOTHER . . . . A
STEP-MOTHER . . . . B
FATHER C
STEP-FATHER . . . . D
SISTER/BROTHER . . . . E
DAUGHTER/SON . . . . F
OTHER RELATIVE . . . . G
CURRENT BOYFRIEND . . . . H
FORMER BOYFRIEND I
MOTHER-IN-LAW . . . . J
FATHER-IN-LAW . . . . K
OTHER IN-LAW L
TEACHER . . . . M
EMPLOYER/SOMEONE AT WORK . . . . . N
POLICE/SOLDIER . . . . O

OTHER _____ X
             (SPECIFY) | |
| 1318 | In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all? | OFTEN 1
SOMETIMES 2
NOT AT ALL . . . . 3 | |

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1319	CHECK 201, 226, AND 230: EVER BEEN PREGNANT ('YES' ON 201 OR 226 OR 230) ↓	NEVER BEEN PREGNANT	→ 1322
1320	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES . . . . 1 NO 2	→ 1322
1321	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER . . . . . A MOTHER . . . . B STEP-MOTHER . . . . C FATHER . . . . D STEP-FATHER . . . . E SISTER/BROTHER . . . . F DAUGHTER/SON . . . . G OTHER RELATIVE . . . . H FORMER HUSBAND/PARTNER . . . . . I CURRENT BOYFRIEND . . . . J FORMER BOYFRIEND . . . . K MOTHER-IN-LAW . . . . L FATHER-IN-LAW . . . . M OTHER IN-LAW . . . . N TEACHER . . . . O EMPLOYER/SOMEONE AT WORK . . . . . P POLICE/SOLDIER . . . . Q OTHER _____ X (SPECIFY)	
1322	CHECK 701 AND 702: EVER MARRIED/EVER LIVED WITH A MAN ↓	NEVER MARRIED/NEVER LIVED WITH A MAN	→ 1322B
1322A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES . . . . 1 NO . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1323 → 1324A
1322B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES . . . . 1 NO . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1326
1323	Who was the person who was forcing you the very first time this happened?	CURRENT HUSBAND/PARTNER . . . . . 01 FORMER HUSBAND/PARTNER . . . . 02 CURRENT/FORMER BOYFRIEND . . . . . 03 FATHER . . . . 04 STEP-FATHER . . . . 05 BROTHER . . . . 06 STEP-BROTHER . . . . 07 OTHER RELATIVE . . . . 08 IN-LAW . . . . 09 OWN FRIEND/ACQUAINTANCE . . . . 10 FAMILY FRIEND . . . . 11 TEACHER . . . . 12 EMPLOYER/SOMEONE AT WORK . . . . . 13 POLICE/SOLDIER . . . . 14 PRIEST/RELIGIOUS LEADER . . . . 15 STRANGER . . . . 16 OTHER _____ 96 (SPECIFY)	

SECTION 13. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1324	CHECK 701 AND 702: EVER MARRIED/EVER ☐ NEVER MARRIED/NEVER ☐ LIVED WITH A MAN ↓ LIVED WITH A MAN ↓ a) In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to? b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES . . . . 1 NO 2	→ 1325

1324A	CHECK 1305A (h-j) and 1315A(b)
	
	    AT LEAST ONE ☐ NOT A ☐
	    'YES' ↓ SINGLE 'YES'
			→ 1326

1325	CHECK 701 AND 702: EVER MARRIED/EVER ☐ NEVER MARRIED/NEVER ☐ LIVED WITH A MAN ↓ LIVED WITH A MAN ↓ a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner? b) How old were you the first first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS . . . . ☐☐ DON'T KNOW 98	

1326	CHECK 1305A (a-j), 1315A (a,b), 1316, 1320, 1322A, AND 1322B:
	
	    AT LEAST ONE ☐ NOT A SINGLE ☐
	    'YES' ↓ 'YES'
			→ 1330

1327	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES . . . . 1 NO 2	→ 1329

1328	From whom have you sought help?
	
	Anyone else?
	
	RECORD ALL MENTIONED.
		OWN FAMILY . . . . A
		HUSBAND'S/PARTNER'S FAMILY . . . . . B
		CURRENT/FORMER
		    HUSBAND/PARTNER C
		CURRENT/FORMER BOYFRIEND . . . . . D
		FRIEND . . . . E
		NEIGHBOR . . . . F
		RELIGIOUS LEADER . . . . G
		DOCTOR/MEDICAL PERSONNEL . . . . . H
		POLICE I
		LAWYER . . . . J
		SOCIAL SERVICE ORGANIZATION . . . . . K
		DISTRICT SOCIAL WELFARE OFFICER L
		TRADITIONAL AUTHORITY/CHIEF . . . . . M
		EMPLOYER/SOMEONE AT WORK . . . . . N
		
		OTHER _____ X
		        (SPECIFY)
			→ 1330

1329	Have you ever told any one about this?	YES . . . . 1 NO 2	
1330	As far as you know, did your father ever beat your mother?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

SECTION 13. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
	THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE					
1331	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?		YES, ONCE	YES, MORE THAN ONCE	NO	
		HUSBAND	1	2	3	
		OTHER MALE ADULT	1	2	3	
		FEMALE ADULT	1	2	3	
1332	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE.					
1333	RECORD THE TIME.	HOURS . . . . ▢▢				
		MINUTES . . . . ▢▢				

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

_____

_____

_____

_____

_____

_____

COMMENTS ON SPECIFIC QUESTIONS:

_____

_____

_____

_____

_____

_____

ANY OTHER COMMENTS:

_____

_____

_____

_____

_____

_____

SUPERVISOR'S OBSERVATIONS

_____

_____

_____

_____

EDITOR'S OBSERVATIONS

_____

_____

_____

_____

INSTRUCTIONS:

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

CODES FOR EACH COLUMN:

COLUMN 1: <u>BIRTHS, PREGNANCIES, CONTRACEPTIVE USE</u>

  B BIRTHS
  P PREGNANCIES
  T TERMINATIONS

  0 NO METHOD

  1 FEMALE STERILIZATION
  2 MALE STERILIZATION
  3 IUD
  4 INJECTABLES

  5 IMPLANTS
  6 PILL
  7 CONDOM
  8 FEMALE CONDOM
  9 EMERGENCY CONTRACEPTION
  J STANDARD DAYS METHOD
  K LACTATIONAL AMENORRHEA METHOD
  L RHYTHM METHOD

  M WITHDRAWAL
  X OTHER MODERN METHOD
  Y OTHER TRADITIONAL METHOD

COLUMN 2: <u>DISCONTINUATION OF CONTRACEPTIVE USE</u>

  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

Year	Mon#	Month	#	COL. 1	COL. 2	Year
2016	04	APR	01			2016
	03	MAR	02			
	02	FEB	03			
	01	JAN	04			
2015	12	DEC	05			2015
	11	NOV	06			
	10	OCT	07			
	09	SEP	08			
	08	AUG	09			
	07	JUL	10			
	06	JUN	11			
	05	MAY	12			
	04	APR	13			
	03	MAR	14			
	02	FEB	15			
	01	JAN	16			
2014	12	DEC	17			2014
	11	NOV	18			
	10	OCT	19			
	09	SEP	20			
	08	AUG	21			
	07	JUL	22			
	06	JUN	23			
	05	MAY	24			
	04	APR	25			
	03	MAR	26			
	02	FEB	27			
	01	JAN	28			
2013	12	DEC	29			2013
	11	NOV	30			
	10	OCT	31			
	09	SEP	32			
	08	AUG	33			
	07	JUL	34			
	06	JUN	35			
	05	MAY	36			
	04	APR	37			
	03	MAR	38			
	02	FEB	39			
	01	JAN	40			
2012	12	DEC	41			2012
	11	NOV	42			
	10	OCT	43			
	09	SEP	44			
	08	AUG	45			
	07	JUL	46			
	06	JUN	47			
	05	MAY	48			
	04	APR	49			
	03	MAR	50			
	02	FEB	51			
	01	JAN	52			
2011	12	DEC	53			2011
	11	NOV	54			
	10	OCT	55			
	09	SEP	56			
	08	AUG	57			
	07	JUL	58			
	06	JUN	59			
	05	MAY	60			
	04	APR	61			
	03	MAR	62			
	02	FEB	63			
	01	JAN	64			
2010	12	DEC	65			2010
	11	NOV	66			
	10	OCT	67			
	09	SEP	68			
	08	AUG	69			
	07	JUL	70			
	06	JUN	71			
	05	MAY	72			
	04	APR	73			
	03	MAR	74			
	02	FEB	75			
	01	JAN	76			