

2019-20 LIBERIA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

LAST UPDATED: 15-Sep-19

GOVERNMENT OF LIBERIA
LIBERIA INSTITUTE OF STATISTICS AND GEO-INFORMATION SERVICES

IDENTIFICATION																				
PLACE NAME _____																				
NAME OF HOUSEHOLD HEAD _____																				
CLUSTER NUMBER				<table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																
HOUSEHOLD NUMBER				<table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																
NAME AND LINE NUMBER OF WOMAN _____																				
CHECK COVER PAGE OF HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR MAN'S SURVEY AND BIOMARKERS? (1=YES, 2=NO)				<table border="1" style="width: 20px; height: 20px; margin: 0 auto;"> <tr><td> </td></tr> <tr><td> </td></tr> </table>																
CHECK HOUSEHOLD QUESTIONNAIRE Q.61: WOMAN SELECTED FOR DV MODULE? (1=YES, 2=NO)				<table border="1" style="width: 20px; height: 20px; margin: 0 auto;"> <tr><td> </td></tr> <tr><td> </td></tr> </table>																
INTERVIEWER VISITS																				
	1	2	3	FINAL VISIT																
DATE	_____	_____	_____	<div style="display: flex; justify-content: space-between;"> <div> DAY MONTH YEAR INT. NO. RESULT* </div> <div style="text-align: center;"> <table border="1" style="width: 60px; height: 40px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>2</td><td>0</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> </div> </div>									2	0						
2	0																			
INTERVIEWER'S NAME	_____	_____	_____																	
RESULT*	_____	_____	_____	<table border="1" style="width: 20px; height: 20px; margin: 0 auto;"> <tr><td> </td></tr> <tr><td> </td></tr> </table>																
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 20px; height: 20px; margin: 0 auto;"> <tr><td> </td></tr> <tr><td> </td></tr> </table>																
<div style="display: flex; justify-content: space-between;"> <div> *RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED </div> <div> 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED </div> <div> 7 OTHER _____ SPECIFY </div> </div>																				
SUPERVISOR <div style="display: flex; justify-content: center; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100px; margin-right: 10px;"></div> <div style="text-align: center;"> <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> </div> </div> <div style="display: flex; justify-content: center; margin-top: 5px;"> <div style="margin-right: 50px;">NAME</div> <div>NUMBER</div> </div>																				

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Liberia Institute of Statistics and Geo-Information Services. We are conducting a survey about health and other topics all over Liberia. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 45 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.	<div style="display: flex; justify-content: space-between;"> <div>HOURS</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>MINUTES</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	
102	How long have you been living continuously in (NAME OF CURRENT COUNTY)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	<div style="display: flex; justify-content: space-between;"> <div>YEARS</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>ALWAYS</div> <div>95</div> </div> <div style="display: flex; justify-content: space-between;"> <div>VISITOR</div> <div>96</div> </div>	→ 105
103	Just before you moved here, did you live in a city, in a town, or in a rural area?	<div style="display: flex; justify-content: space-between;"> <div>CITY</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>TOWN</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>RURAL AREA</div> <div>3</div> </div>	
104	Before you moved here, which county did you live in?	<div style="display: flex; justify-content: space-between;"> <div>BOMI</div> <div>01</div> </div> <div style="display: flex; justify-content: space-between;"> <div>BONG</div> <div>02</div> </div> <div style="display: flex; justify-content: space-between;"> <div>GBARPOLU</div> <div>03</div> </div> <div style="display: flex; justify-content: space-between;"> <div>GRAND BASSA</div> <div>04</div> </div> <div style="display: flex; justify-content: space-between;"> <div>GRAND CAPE MOUNT</div> <div>05</div> </div> <div style="display: flex; justify-content: space-between;"> <div>GRAND GEDEH</div> <div>06</div> </div> <div style="display: flex; justify-content: space-between;"> <div>GRAND KRU</div> <div>07</div> </div> <div style="display: flex; justify-content: space-between;"> <div>LOFA</div> <div>08</div> </div> <div style="display: flex; justify-content: space-between;"> <div>MARGIBI</div> <div>09</div> </div> <div style="display: flex; justify-content: space-between;"> <div>MARYLAND</div> <div>10</div> </div> <div style="display: flex; justify-content: space-between;"> <div>MONTSERRADO</div> <div>11</div> </div> <div style="display: flex; justify-content: space-between;"> <div>NIMBA</div> <div>12</div> </div> <div style="display: flex; justify-content: space-between;"> <div>RIVER CESS</div> <div>13</div> </div> <div style="display: flex; justify-content: space-between;"> <div>RIVER GEE</div> <div>14</div> </div> <div style="display: flex; justify-content: space-between;"> <div>SINOE</div> <div>15</div> </div> <div style="display: flex; justify-content: space-between;"> <div>OUTSIDE OF LIBERIA</div> <div>96</div> </div>	
105	In what month and year were you born?	<div style="display: flex; justify-content: space-between;"> <div>MONTH</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>DON'T KNOW MONTH</div> <div>98</div> </div> <div style="display: flex; justify-content: space-between;"> <div>YEAR</div> <div style="border: 1px solid black; width: 80px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>DON'T KNOW YEAR</div> <div>9998</div> </div>	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→ 111
108	What is the highest level of school you attended: elementary, junior high, senior high, or higher?	ELEMENTARY (GRADES 1-6) 1 JUNIOR HIGH (GRADES 7-9) 2 SENIOR HIGH (GRADES 10-12) 3 HIGHER 4	
109	What is the highest grade you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <input type="text"/> <input type="text"/>	
110	CHECK 108: ELEMENTARY, JUNIOR HIGH, OR <input type="checkbox"/> SENIOR HIGH ↓	HIGHER <input type="checkbox"/>	→ 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' OR '4' <input type="checkbox"/> CIRCLED ↓	CODE '1' OR '5' CIRCLED <input type="checkbox"/>	→ 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	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
119	Have you ever used the internet?	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	
122	What is your religion?	CHRISTIAN 1 MUSLIM 2 TRADITIONAL RELIGION 3 NO RELIGION 4 OTHER 6 (SPECIFY)	
123	What dialect do you speak (besides English)?	BASSA 01 GBANDI 02 BELLE 03 DEY 04 GIO 05 GOLA 06 GREBO 07 KISSI 08 KPELLE 09 KRAHN 10 KRU 11 LORMA 12 MANDINGO 13 MANO 14 MENDE 15 SAPRO 16 VAI 17 NONE / ONLY ENGLISH 18 OTHER 96	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever born a child?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters you born who are now living with you? I mean your own belly born.	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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters you born 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY. </div> </div>										
210	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO BIRTHS <input type="checkbox"/> </div> </div>		→ 226								

SECTION 2. REPRODUCTION

<p>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 5 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.</p>									
<p>212</p> <p>What name was given to your (first/next) baby?</p> <p>RECORD NAME.</p> <p>BIRTH HISTORY NUMBER.</p>	<p>213</p> <p>Is (NAME) a boy or a girl?</p>	<p>214</p> <p>Were any of these births twins?</p>	<p>215</p> <p>On what day, month, and year was (NAME) born?</p>	<p>216</p> <p>Is (NAME) still alive?</p>	<p>217 IF ALIVE:</p> <p>How old was (NAME) at (NAME)'s last birthday?</p> <p>RECORD AGE IN COMPLETED YEARS.</p>	<p>218 IF ALIVE:</p> <p>Is (NAME) living with you?</p>	<p>219 IF ALIVE:</p> <p>RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.</p>	<p>220 IF DEAD:</p> <p>How old was (NAME) when (he/she) died?</p> <p>IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday?</p> <p>THEN ASK: Exactly how many months old was (NAME) when (he/she) died?</p> <p>RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.</p>	<p>221</p> <p>Did you born any other child between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?</p>
01	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p> <p>(NEXT BIRTH)</p>	<p>DAYS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS 3 <input type="text"/></p>	
02	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p> <p>(SKIP TO 221)</p>	<p>DAYS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS 3 <input type="text"/></p>	<p>YES (ADD BIRTH) 1</p> <p>NO (NEXT BIRTH) 2</p>
03	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p> <p>(SKIP TO 221)</p>	<p>DAYS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS 3 <input type="text"/></p>	<p>YES (ADD BIRTH) 1</p> <p>NO (NEXT BIRTH) 2</p>
04	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p> <p>(SKIP TO 221)</p>	<p>DAYS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS 3 <input type="text"/></p>	<p>YES (ADD BIRTH) 1</p> <p>NO (NEXT BIRTH) 2</p>
05	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p> <p>(SKIP TO 221)</p>	<p>DAYS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS 3 <input type="text"/></p>	<p>YES (ADD BIRTH) 1</p> <p>NO (NEXT BIRTH) 2</p>

SECTION 2. REPRODUCTION

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 <div style="display: flex; justify-content: space-around;"> <div> NUMBERS ARE SAME <input type="checkbox"/> ↓ </div> <div> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ← </div> </div>		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2014-2020	NUMBER OF BIRTHS <input type="text"/> NONE 0	→ 226
225	C FOR EACH BIRTH IN 2014-2020, 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 <input type="text"/> <input type="text"/>	
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 <div style="display: flex; justify-content: space-around;"> <div> ONE OR MORE <input type="checkbox"/> ↓ a) Did you want to have a baby later on or did you not want any more children? </div> <div> NONE <input type="checkbox"/> ↓ b) Did you want to have a baby later on or did you not want any children? </div> </div>	LATER 1 NO MORE/NONE 2	
230	Did you ever have a pregnancy that got spoiled: was miscarried, was aborted, or the baby was born dead (stillbirth)?	YES 1 NO 2	→ 239
231	When was the last time it happened?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
232	<p>CHECK 231:</p> <p>LAST PREGNANCY ENDED IN 2014-2020 <input type="checkbox"/></p> <p>LAST PREGNANCY ENDED IN 2013 OR EARLIER <input type="checkbox"/></p>			<p>→ 234</p> <p>→ 239</p>
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 (spoiled)?	235 Since January 2014, have you had any other pregnancies that got spoiled or aborted?	
01		<div><input type="text"/></div> <div><input type="text"/></div> <p>NUMBER OF MONTHS</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ NEXT LINE</p> <p>→ 236</p>
02	<div><input type="text"/></div> <div><input type="text"/></div> <p>MONTH</p> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <p>YEAR</p>	<div><input type="text"/></div> <div><input type="text"/></div> <p>NUMBER OF MONTHS</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ NEXT LINE</p> <p>→ 236</p>
03	<div><input type="text"/></div> <div><input type="text"/></div> <p>MONTH</p> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <p>YEAR</p>	<div><input type="text"/></div> <div><input type="text"/></div> <p>NUMBER OF MONTHS</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ NEXT LINE</p> <p>→ 236</p>
04	<div><input type="text"/></div> <div><input type="text"/></div> <p>MONTH</p> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <p>YEAR</p>	<div><input type="text"/></div> <div><input type="text"/></div> <p>NUMBER OF MONTHS</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 236</p>
236	<p>C FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2014-2020, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p> <p>IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.</p>			
237	Did you have any miscarriages, abortions or stillbirths that ended before 2014?	<p>YES 1</p> <p>NO 2</p>		→ 239
238	When did the last such pregnancy that terminated before 2014 end?	<p>MONTH <div><input type="text"/></div><div><input type="text"/></div></p> <p>YEAR <div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div></p>		

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
239	<p>When did your last menstrual period start?</p> <p>_____</p> <p align="center">(DATE, IF GIVEN)</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p> <p>IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994</p> <p>BEFORE LAST BIRTH 995</p> <p>NEVER MENSTRUATED 996</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
240	<p>From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 242</p>								
241	<p>Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?</p>	<p>JUST BEFORE HER PERIOD BEGINS 1</p> <p>DURING HER PERIOD 2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED 3</p> <p>HALFWAY BETWEEN TWO PERIODS 4</p> <p>OTHER 6</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 8</p>									
242	<p>After the birth of a child, can a woman become pregnant before her menstrual period has returned?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>									

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	Female Sterilization, Tube Tie, Turning the Womb. 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, Depo. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2
05	Implants, Jadelle. 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, Raincoat. PROBE: Men can put a rubber sheath on their penis before woman business.	YES 1 NO 2
08	Female Condom. PROBE: Women can place a sheath in their vagina before man business.	YES 1 NO 2
09	Emergency Contraception. PROBE: As an emergency measure, within five days after unprotected man business, women can take special pills to prevent pregnancy.	YES 1 NO 2
10	CycleBeads/ 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 do man business.	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 do man business 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 _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ PREGNANT <input type="checkbox"/> →		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 CYCLEBEADS/ 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.	MICROLUT 01 MICROGYNON 02 PLANNED PARENTHOOD ASSN. OF LIBERIA (PPAL) BRAND 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.	STAR 01 MINISTRY OF HEALTH/NATIONAL AIDS CONTROL PROGRAM FREE CONDOMS .. 02 OTHER 96 (SPECIFY) DON'T KNOW 98	→ 309

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
307	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PRIVATE DOCTOR'S OFFICE 22</p> <p>MOBILE CLINIC 23</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>													
308	<p>In what month and year was the sterilization performed?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table></p>													<div style="border: 1px solid black; padding: 2px;"> <p>→ 310</p> </div>
309	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table></p>													
310	<p>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</p> <p>NO <input type="checkbox"/></p> <p align="center">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).</p> <p>YES <input type="checkbox"/></p>														

SECTION 3. CONTRACEPTION

311	<p>CHECK 308 AND 309:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p align="center">YEAR IS 2014-2020 </p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p align="center">THEN CONTINUE </p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p align="center">YEAR IS 2013 OR EARLIER </p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2014 .</p> <p align="center">THEN </p> <p align="center">(SKIP TO 324)</p> </div> </div>																																								
312	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2014. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p>																																								
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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 .. <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> (SKIP TO 312F) DATE GIVEN 95	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 .. <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> (SKIP TO 312F) DATE GIVEN 95	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 .. <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> (SKIP TO 312F) DATE GIVEN 95																																						
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312F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE. MONTHS .. <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> (SKIP TO 312H) DATE GIVEN 95	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE. MONTHS .. <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> (SKIP TO 312H) DATE GIVEN 95	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE. MONTHS .. <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> (SKIP TO 312H) DATE GIVEN 95																																						
312G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD. MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 80px; height: 20px; vertical-align: middle;"></table> YEAR	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD. MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 80px; height: 20px; vertical-align: middle;"></table> YEAR	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD. MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 80px; height: 20px; vertical-align: middle;"></table> YEAR																																						
312H	Why did you stop using (METHOD)? REASON STOPPED <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	Why did you stop using (METHOD)? REASON STOPPED <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	Why did you stop using (METHOD)? REASON STOPPED <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																																						
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.																																						

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		→ 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 CYCLE BEADS/ 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 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 CLINIC 13 MOBILE CLINIC 14 OTHER PUBLIC SECTOR 16 _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CENTER/ CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 PLANNED PARENTHOOD ASSN. LIB. 24 MOBILE CLINIC 25 OTHER PRIVATE MEDICAL SECTOR 26 _____ (SPECIFY) OTHER SOURCE SHOP/MARKET 31 CHURCH 32 FRIEND/RELATIVE 33 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 CYCLE BEADS/ STANDARD DAYS METHOD 10 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 323 → 322 → 323

SECTION 3. CONTRACEPTION

[illegible]

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT HEALTH CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>OTHER PUBLIC SECTOR</p> <p align="right">_____ 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/</p> <p>CENTER/ CLINIC 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>PLANNED PARENTHOOD ASSN. LIB. 24</p> <p>MOBILE CLINIC 25</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p align="right">_____ 26</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 327</p>
326	Do you know of a place where you can obtain a method of family planning?	<p>YES 1</p> <p>NO 2</p>	
327	In the last 12 months, were you visited by a fieldworker?	<p>YES 1</p> <p>NO 2</p>	→ 329
328	Did the fieldworker talk to you about family planning?	<p>YES 1</p> <p>NO 2</p>	
329	<p>CHECK 202: CHILDREN LIVING WITH THE RESPONDENT</p> <p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>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?</p>	<p>YES 1</p> <p>NO 2</p>	→ 401
330	Did any staff member at the health facility speak to you about family planning methods?	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: <div style="display: flex; justify-content: space-around; align-items: center;"> <div> ONE OR MORE BIRTHS IN 2014-2020 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> </div> <div> NO BIRTHS IN 2014-2020 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="margin-left: 20px;">→ 648</div> </div> </div>		
402	CHECK 215. RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2014-2020. 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.)		
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div>
404	FROM 212 AND 216:	NAME LIVING <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> DEAD <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div>	NAME LIVING <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> DEAD <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div>
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: <div style="display: flex; justify-content: space-around; align-items: center;"> <div> ONLY ONE BIRTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> </div> <div> MORE THAN ONE BIRTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a) Did you want to have a baby later on, or did you not want any children? </div> <div style="width: 45%;"> b) Did you want to have a baby later on, or did you not want any more children? </div> </div>	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 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> YEARS 2 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> DON'T KNOW 998	MONTHS 1 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> YEARS 2 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> DON'T KNOW 998
408	Did you see anyone for prenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 413AB) ←	
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B PHYSICIAN ASSISTANT .. C OTHER PERSON TRADITIONAL MIDWIFE .. D OTHER X (SPECIFY)	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
410	<p>Where did you receive prenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL C</p> <p>GOVERNMENT HEALTH CENTER D</p> <p>GOVERNMENT HEALTH CLINIC E</p> <p>OTHER PUBLIC SECTOR F</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CENTER/ CLINIC G</p> <p>OTHER PRIVATE MEDICAL SECTOR H</p> <p>_____ (SPECIFY)</p> <p>OTHER X</p> <p>_____ (SPECIFY)</p>													
411	<p>How many months pregnant were you when you first received prenatal care for this pregnancy?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>													
412	<p>How many times did you receive prenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>													
413	<p>As part of your prenatal care during this pregnancy, were any of the following done at least once:</p> <p>a) Was your blood pressure measured?</p> <p>b) Did you give a urine sample?</p> <p>c) Did you give a blood sample?</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) BP</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) URINE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) BLOOD</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	a) BP	1	2	b) URINE	1	2	c) BLOOD	1	2	
	YES	NO													
a) BP	1	2													
b) URINE	1	2													
c) BLOOD	1	2													
413AA	<p>CHECK 412:</p>	<p>3 OR FEWER TIMES <input type="checkbox"/> 4+ TIMES <input type="checkbox"/></p> <p align="center">(SKIP TO 414) ←</p>													
413AB	<p>Why did you (not receive any prenatal care / only receive care a few times)?</p> <p>Any other reason?</p> <p>PROBE FOR REASONS AND RECORD ALL MENTIONED.</p>	<p>FEAR OF SEXUAL ASSAULT .. A</p> <p>FEAR OF OTHER VIOLENCE ON ROAD B</p> <p>NO TRANSPORTATION C</p> <p>NO MONEY TO PAY FOR TRANSPORTATION D</p> <p>NO TIME E</p> <p>HUSBAND/PARTNER DID NOT GIVE PERMISSION F</p> <p>OTHER MALE FAMILY MEMBER DID NOT GIVE PERMISSION G</p> <p>FEMALE FAMILY MEMBER DID NOT GIVE PERMISSION ... H</p> <p>OTHER X</p> <p>_____ (SPECIFY)</p>													

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, jerking 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 <input type="text"/> DON'T KNOW 8	
416	CHECK 415:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 420) ←	
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 <input type="text"/> DON'T KNOW 8	
419	CHECK 418: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ONLY ONE <input type="checkbox"/> ↓ How many years ago did you receive that tetanus injection? </div> <div style="text-align: center;"> MORE THAN ONE <input type="checkbox"/> ↓ How many years ago did you receive the last tetanus injection prior to this pregnancy? </div> </div>	YEARS AGO <input type="text"/> <input type="text"/>	
420	During this pregnancy, were you given or did you buy any iron tablets (blood 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 <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
422	During this pregnancy, did you take any worm medicine?	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 <input type="text"/> <input type="text"/>	
425	Did you get the SP/Fansidar during any prenatal 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.	PRENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 6	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
426	When (NAME) was born, was (NAME) very big, bigger than normal, normal, smaller than normal, or very small?	VERY BIG 1 BIGGER THAN NORMAL 2 NORMAL 3 SMALLER THAN NORMAL 4 VERY SMALL 5 DON'T KNOW 8	VERY BIG 1 BIGGER THAN NORMAL 2 NORMAL 3 SMALLER THAN NORMAL 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
428	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 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 A NURSE/MIDWIFE B PHYSICIAN ASSISTANT .. C OTHER PERSON TRADITIONAL BIRTH MIDWIFE D RELATIVE/FRIEND E OTHER X _____(SPECIFY)_____ NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B PHYSICIAN ASSISTANT .. C OTHER PERSON TRADITIONAL BIRTH MIDWIFE 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 CLINIC 23 OTHER PUBLIC SECTOR 26 _____(SPECIFY)_____ PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CENTER/CLINIC 31 OTHER PRIVATE MEDICAL SECTOR 36 _____(SPECIFY)_____ 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 CLINIC 23 OTHER PUBLIC SECTOR 26 _____(SPECIFY)_____ PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CENTER/CLINIC 31 OTHER PRIVATE MEDICAL SECTOR 36 _____(SPECIFY)_____ OTHER 96 _____(SPECIFY)_____ (SKIP TO 434) ←

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____										
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 <table border="1" data-bbox="950 247 1068 310"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="950 321 1068 384"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="950 394 1068 447"><tr><td></td><td></td></tr></table> DON'T KNOW 998											
432	Was (NAME) delivered by C-section, 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 C-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 on your chest?	YES 1 NO 2 (SKIP TO 434AA) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 459) ← DON'T KNOW 8										
434A	Was (NAME)'s bare skin touching your bare skin?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8										
434AA	CHECK 430: PLACE OF DELIVERY	CODE CODE <table border="1" data-bbox="1036 888 1076 940"><tr><td></td></tr></table> 11, 12, OR 96 21 - 36 CIRCLED <table border="1" data-bbox="824 951 865 1003"><tr><td></td></tr></table> (SKIP TO 434AE) ←											
434AB	What was used to cut the cord?	RAZOR BLADE 1 KNIFE 2 SCISSORS 3 OTHER 6 (SPECIFY) DON'T KNOW 8											
434AC	Was it new or had it ever been used before?	NEW 1 USED BEFORE 2 DON'T KNOW 8											
434AD	Was it boiled before it was used to cut the cord?	YES 1 NO 2 DON'T KNOW 8											
434AE	Was anything applied to the stump of the cord at any time?	YES 1 NO 2 (SKIP TO 434B) ← DON'T KNOW 8											
434AF	What was applied? Anything else?	CHLORHEXIDINE A OTHER ANTISEPTIC (ALCOHOL, SPIRIT, GENTIAN VIOLET) .. B MUSTARD OIL C ASH D ANIMAL DUNG E OTHER X (SPECIFY)											

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																		
434B	CHECK 430: PLACE OF DELIVERY	CODE 11, 12, OR 96 <input type="checkbox"/> OTHER <input type="checkbox"/> CIRCLED (SKIP TO 449) ←																			
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 998																			
437	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 PHYSICIAN ASSISTANT .. 13 OTHER PERSON TRADITIONAL BIRTH MIDWIFE 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																			
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 998																			
440	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 PHYSICIAN ASSISTANT .. 13 OTHER PERSON TRADITIONAL BIRTH MIDWIFE 21 OTHER 96 (SPECIFY)																			

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
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 <table border="1" data-bbox="950 367 1068 514"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> 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 11 NURSE/MIDWIFE 12 PHYSICIAN ASSISTANT .. 13 OTHER PERSON TRADITIONAL BIRTH MIDWIFE 21 OTHER 96 (SPECIFY)							
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 CLINIC 23 OTHER PUBLIC SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CENTER/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER 96 (SPECIFY)							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____							
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 <table border="1" data-bbox="950 415 1068 562"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
447	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 PHYSICIAN ASSISTANT .. 13 OTHER PERSON TRADITIONAL BIRTH MIDWIFE 21 OTHER 96 (SPECIFY) _____								
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 CLINIC 23 OTHER PUBLIC SECTOR 26 (SPECIFY) _____ PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CENTER/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) _____ OTHER 96 (SPECIFY) _____ (SKIP TO 457) ←								

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____							
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 <table border="1" data-bbox="950 415 1068 562"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
451	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 PHYSICIAN ASSISTANT .. 13 OTHER PERSON TRADITIONAL BIRTH MIDWIFE 21 OTHER 96 (SPECIFY)								
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 CLINIC 23 OTHER PUBLIC SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CENTER/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER 96 (SPECIFY)								

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH																		
		NAME _____	NAME _____																		
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS AFTER BIRTH 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS AFTER BIRTH 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 998																			
455	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 PHYSICIAN ASSISTANT .. 13 OTHER PERSON TRADITIONAL BIRTH MIDWIFE 21 COMMUNITY/ VILLAGE HEALTH WORKER 22 OTHER 96 (SPECIFY)																			
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 CLINIC 23 OTHER PUBLIC SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CENTER/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER 96 (SPECIFY)																			

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH																								
		NAME _____	NAME _____																								
457	<p>During the first two days after (NAME)'s birth, did any health care provider do the following:</p> <p>a) Examine the cord?</p> <p>b) Measure (NAME)'s temperature?</p> <p>c) Counsel you on danger signs for newborns?</p> <p>d) Counsel you on breastfeeding?</p> <p>e) Observe (NAME) breastfeeding?</p>	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) CORD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) TEMP.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) SIGNS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) COUNSEL BREAST- FEED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) OBSERVE BREAST- FEED</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		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	
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d) COUNSEL BREAST- FEED	1	2	8																								
e) OBSERVE BREAST- FEED	1	2	8																								
458	<p>Has your menstrual period returned since the birth of (NAME)?</p> <p>YES 1</p> <p>(SKIP TO 460) ←</p> <p>NO 2</p> <p>(SKIP TO 461) ←</p>																										
459	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p> <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 463) ←</p>																										
460	<p>For how many months after the birth of (NAME) did you not have a period?</p> <p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																									
461	<p>CHECK 226: IS RESPONDENT PREGNANT?</p>	<p>NOT PREGNANT <input type="checkbox"/></p> <p>PREGNANT OR UNSURE <input type="checkbox"/></p> <p>(SKIP TO 463) ←</p>																									
462	<p>Have you started man business again since the birth of (NAME)?</p> <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 464) ←</p>																										
463	<p>For how many months after the birth of (NAME) did you not do man business?</p> <p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																									

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____									
464	Did you ever give titi water to (NAME)?	YES 1 (SKIP TO 466) ← NO 2	YES 1 NO 2									
465	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 470) ← (SKIP TO 471) ←										
466	How long after birth did you first give (NAME) the titi? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <table border="1" data-bbox="950 535 1063 598"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="950 598 1063 640"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>										
467	In the first three days after delivery, was (NAME) given anything to drink beside titi?	YES 1 NO 2										
468	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 471) ←	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 471) ←									
469	Are you still giving titi water to (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.									

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2016-2020? ONE OR MORE BIRTHS IN 2016-2020 <input type="checkbox"/> NO BIRTHS IN 2016-2020 <input type="checkbox"/>		→ 601
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2016-2020. NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503A	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 501B
504A	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY AN OTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT .. 4	→ 507A → 507A
505A	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506A	CHECK 504A: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511A
507A	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN .. 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4	→ 511A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																												
	NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																																																																														
508A	<p>COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th style="text-align: center;">DAY</th><th style="text-align: center;">MONTH</th><th style="text-align: center;">YEAR</th></tr> </thead> <tbody> <tr> <td>POLIO-0 / ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)</td><td></td><td></td><td></td></tr> <tr> <td>BCG</td><td></td><td></td><td></td></tr> <tr> <td>POLIO-1 / ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td></tr> <tr> <td>ROTA-1 / ROTAVIRUS 1</td><td></td><td></td><td></td></tr> <tr> <td>PENTA-1 / DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td></tr> <tr> <td>PNEUMO-1 / PNEUMOCOCCAL 1</td><td></td><td></td><td></td></tr> <tr> <td>POLIO-2 / ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td></tr> <tr> <td>ROTA-2 / ROTAVIRUS 2</td><td></td><td></td><td></td></tr> <tr> <td>PENTA-2 / DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td></tr> <tr> <td>PNEUMO-2 / PNEUMOCOCCAL 2</td><td></td><td></td><td></td></tr> <tr> <td>POLIO-3 / ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td></tr> <tr> <td>ROTA-3 / ROTAVIRUS 3</td><td></td><td></td><td></td></tr> <tr> <td>PENTA-3 / DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td></tr> <tr> <td>PNEUMO-3 / PNEUMOCOCCAL 3</td><td></td><td></td><td></td></tr> <tr> <td>IPV / INACTIVATED POLIO VACCINE</td><td></td><td></td><td></td></tr> <tr> <td>MEASLES</td><td></td><td></td><td></td></tr> <tr> <td>YELLOW FEVER</td><td></td><td></td><td></td></tr> <tr> <td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	POLIO-0 / ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)				BCG				POLIO-1 / ORAL POLIO VACCINE (OPV) 1				ROTA-1 / ROTAVIRUS 1				PENTA-1 / DPT-HEP.B-HIB (PENTAVALENT) 1				PNEUMO-1 / PNEUMOCOCCAL 1				POLIO-2 / ORAL POLIO VACCINE (OPV) 2				ROTA-2 / ROTAVIRUS 2				PENTA-2 / DPT-HEP.B-HIB (PENTAVALENT) 2				PNEUMO-2 / PNEUMOCOCCAL 2				POLIO-3 / ORAL POLIO VACCINE (OPV) 3				ROTA-3 / ROTAVIRUS 3				PENTA-3 / DPT-HEP.B-HIB (PENTAVALENT) 3				PNEUMO-3 / PNEUMOCOCCAL 3				IPV / INACTIVATED POLIO VACCINE				MEASLES				YELLOW FEVER				VITAMIN A (MOST RECENT)					
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VITAMIN A (MOST RECENT)																																																																															
509A	<p>CHECK 508A: 'POLIO-0' TO 'YELLOW FEVER' ALL RECORDED?</p> <p style="text-align: center;">NO <input type="checkbox"/> YES <input type="checkbox"/></p>		525A																																																																												
510A	<p>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?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 525A)</p> <p>NO 2 DON'T KNOW 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 525A)</p>																																																																													

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
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	<input type="checkbox"/> → 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	<input type="checkbox"/> → 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 <input type="text"/>	
516A1	The last time (NAME) received the polio drops, did (NAME) also get an IPV injection in the arm to protect against polio?	YES 1 NO 2 DON'T KNOW 8	
517A	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the left thigh at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 519A
518A	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	
519A	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the right thigh to prevent pneumonia?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 521A
520A	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>	
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	<input type="checkbox"/> → 523A
522A	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
523A	Has (NAME) ever received a measles vaccination, that is, an injection in the left arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 525A
524A	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>	
524AA	Has (NAME) ever received a yellow fever injection, that is, an injection in the right arm at the age of 9 months or older to prevent him/her from getting yellow fever?	YES 1 NO 2 DON'T KNOW 8	

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>													
525A	<p>In the last 7 days was (NAME) given:</p> <p>a) A powder that came in a sachet that looked like this?</p> <p align="center">SHOW SACHET TO RESPONDENT.</p> <p>b) PlumpyNut / Peanut butter?</p>	<table> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> <td align="right">DK</td> </tr> <tr> <td>a) Powder</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>b) PlumpyNut / Peanut butter</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> </table>		YES	NO	DK	a) Powder	1	2	8	b) PlumpyNut / Peanut butter	1	2	8	
	YES	NO	DK												
a) Powder	1	2	8												
b) PlumpyNut / Peanut butter	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 2016-2020? <div> MORE BIRTHS IN 2016-2020 <input type="checkbox"/> NO MORE BIRTHS IN 2016-2020 <input type="checkbox"/> </div>		→ 601
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2016-2020. NAME OF NEXT-TO-LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503B	CHECK 216 FOR CHILD: <div> LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> </div>		→ 526B
504B	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY AN OTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT .. 4	→ 507B → 507B
505B	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506B	CHECK 504B: <div> CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/> </div>		→ 511B
507B	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN .. 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4	→ 511B

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																														
	NAME OF NEXT-TO-LAST BIRTH _____ <div style="float:right;">BIRTH HISTORY NUMBER </div>																																																																																																																																
508B	<p>COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th colspan="2">DAY</th> <th colspan="2">MONTH</th> <th colspan="2">YEAR</th> </tr> </thead> <tbody> <tr> <td>POLIO-0 / ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE) BCG</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>POLIO-1 / ORAL POLIO VACCINE (OPV) 1</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>ROTA-1 / ROTAVIRUS 1</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>PENTA-1 / DPT-HEP.B-HIB (PENTAVALENT) 1</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>PNEUMO-1 / PNEUMOCOCCAL 1</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>POLIO-2 / ORAL POLIO VACCINE (OPV) 2</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>ROTA-2 / ROTAVIRUS 2</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>PENTA-2 / DPT-HEP.B-HIB (PENTAVALENT) 2</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>PNEUMO-2 / PNEUMOCOCCAL 2</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>POLIO-3 / ORAL POLIO VACCINE (OPV) 3</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>ROTA-3 / ROTAVIRUS 3</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>PENTA-3 / DPT-HEP.B-HIB (PENTAVALENT) 3</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>PNEUMO-3 / PNEUMOCOCCAL 3</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>IPV / INACTIVATED POLIO VACCINE</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>MEASLES</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>YELLOW FEVER</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>VITAMIN A (MOST RECENT)</td> <td></td><td></td> <td></td><td></td> <td></td><td></td> </tr> </tbody> </table>		DAY		MONTH		YEAR		POLIO-0 / ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE) BCG							POLIO-1 / ORAL POLIO VACCINE (OPV) 1							ROTA-1 / ROTAVIRUS 1							PENTA-1 / DPT-HEP.B-HIB (PENTAVALENT) 1							PNEUMO-1 / PNEUMOCOCCAL 1							POLIO-2 / ORAL POLIO VACCINE (OPV) 2							ROTA-2 / ROTAVIRUS 2							PENTA-2 / DPT-HEP.B-HIB (PENTAVALENT) 2							PNEUMO-2 / PNEUMOCOCCAL 2							POLIO-3 / ORAL POLIO VACCINE (OPV) 3							ROTA-3 / ROTAVIRUS 3							PENTA-3 / DPT-HEP.B-HIB (PENTAVALENT) 3							PNEUMO-3 / PNEUMOCOCCAL 3							IPV / INACTIVATED POLIO VACCINE							MEASLES							YELLOW FEVER							VITAMIN A (MOST RECENT)								
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509B	<p>CHECK 508B: 'POLIO-0' TO 'YELLOW FEVER' ALL RECORDED?</p> <div style="display: flex; justify-content: space-around; align-items: center;"> NO <input type="checkbox"/> YES <input type="checkbox"/> </div>		→ 525B																																																																																																																														
510B	<p>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?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508B THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 525B)</p> <p>NO 2 DON'T KNOW 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 525B)</p>																																																																																																																															

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
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	<input type="checkbox"/> → 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	<input type="checkbox"/> → 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 <input type="text"/>	
516B1	The last time (NAME) received the polio drops, did (NAME) also get an IPV injection in the arm to protect against polio?	YES 1 NO 2 DON'T KNOW 8	
517B	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the left thigh at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 519B
518B	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	
519B	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the right thigh to prevent pneumonia?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 521B
520B	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>	
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	<input type="checkbox"/> → 523B
522B	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
523B	Has (NAME) ever received a measles vaccination, that is, an injection in the left arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 525B
524B	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>	
524BB	Has (NAME) ever received a yellow fever injection, that is, an injection in the right arm at the age of 9 months or older to prevent him/her from getting yellow fever?	YES 1 NO 2 DON'T KNOW 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>													
525B	<p>In the last 7 days was (NAME) given:</p> <p>a) A powder that came in a sachet that looked like this?</p> <p align="center">SHOW SACHET TO RESPONDENT.</p> <p>b) PlumpyNut / Peanut butter?</p>	<table> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) Powder</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) PlumpyNut / Peanut butter</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) Powder	1	2	8	b) PlumpyNut / Peanut butter	1	2	8	
	YES	NO	DK												
a) Powder	1	2	8												
b) PlumpyNut / Peanut butter	1	2	8												
526B	<p>CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2016-2020?</p> <div> <div> <p>MORE BIRTHS IN 2016-2020 <input type="checkbox"/></p> <p>(GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE) ←</p> </div> <div> <p>NO MORE BIRTHS IN 2016-2020 <input type="checkbox"/></p> <p>→ 601</p> </div> </div>														

SECTION 6. CHILD HEALTH AND NUTRITION

601	CHECK 224:	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2014-2020 <input type="checkbox"/> </div> <div style="text-align: center;"> NO BIRTHS IN 2014-2020 <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: -10px;">→ 648</div>	
602	<p>CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2014-2020. 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)."</p> <p>Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)</p>		
603	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
604	FROM 212 AND 216:	NAME <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> LIVING <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> DEAD <input type="checkbox"/> (SKIP TO 646) ← </div> </div>	NAME <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> LIVING <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> DEAD <input type="checkbox"/> (SKIP TO 646) ← </div> </div>
605	In the last six months, was (NAME) given a vitamin A dose like [this/any of these]? SHOW COMMON TYPES OF CAPSULES.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
606	In the last seven days, was (NAME) given iron pills or iron syrup like [this/any of these]? SHOW COMMON TYPES OF PILLS/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
607	Was (NAME) given any worm medicine 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 running stomach in the last 2 weeks?	YES 1 NO 2 <div style="text-align: center;">(SKIP TO 618) ←</div> DON'T KNOW 8	YES 1 NO 2 <div style="text-align: center;">(SKIP TO 618) ←</div> DON'T KNOW 8

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
609	<p>CHECK 469: CURRENTLY BREASTFEEDING?</p> <p>YES <input type="checkbox"/> NO/ NOT ASKED <input type="checkbox"/></p> <p>a) Now I would like to know how much (NAME) was given to drink during the running stomach including titi water. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p> <p>b) Now I would like to know how much (NAME) was given to drink during the running stomach. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>
610	<p>When (NAME) had running stomach, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>
611	<p>Did you seek advice or treatment for the running stomach from any source?</p>	<p>YES 1</p> <p>NO 2</p> <p align="right">(SKIP TO 615) ←</p>	<p>YES 1</p> <p>NO 2</p> <p align="right">(SKIP TO 615) ←</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
612	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL . . . A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT HEALTH CLINIC C</p> <p>MOBILE CLINIC D</p> <p>OTHER PUBLIC SECTOR _____ E (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CENTER/ CLINIC F</p> <p>PHARMACY G</p> <p>PRIVATE DOCTOR H</p> <p>MOBILE CLINIC I</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP K</p> <p>TRADITIONAL PRACTITIONER L</p> <p>BLACK BAGGER/ DRUG PEDDLER M</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL . . . A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT HEALTH CLINIC C</p> <p>MOBILE CLINIC D</p> <p>OTHER PUBLIC SECTOR _____ E (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CENTER/ CLINIC F</p> <p>PHARMACY G</p> <p>PRIVATE DOCTOR H</p> <p>MOBILE CLINIC I</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP K</p> <p>TRADITIONAL PRACTITIONER L</p> <p>BLACK BAGGER/ DRUG PEDDLER M</p> <p>OTHER _____ X (SPECIFY)</p>
613	CHECK 612:	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 615) ←</p>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 615) ←</p>
614	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 612.</p>	<p>FIRST PLACE <input type="checkbox"/></p>	<p>FIRST PLACE <input type="checkbox"/></p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
615	<p>Was (NAME) given any of the following at any time since (NAME) started having the running stomach:</p> <p>a) A fluid made from a special packet called ORS?</p> <p>b) A government-recommended homemade fluid?</p> <p>c) Zinc tablets or syrup?</p>	<p align="center">YES NO DK</p> <p>a) FLUID FROM ORS PACKET .. 1 2 8</p> <p>b) HOMEMADE FLUID 1 2 8</p> <p>c) ZINC 1 2 8</p>	<p align="center">YES NO DK</p> <p>a) FLUID FROM ORS PACKET .. 1 2 8</p> <p>b) HOMEMADE FLUID 1 2 8</p> <p>c) ZINC 1 2 8</p>
616	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>a) Was anything else given to treat the running stomach?</p> <p>b) Was anything given to treat the running stomach?</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 618) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 618) ←</p> <p>DON'T KNOW 8</p>
617	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>a) What else was given to treat the running stomach?</p> <p>b) What was given to treat the running stomach?</p> <p>Anything else? Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>FLAGYL B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>FLAGYL B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER _____ X (SPECIFY)</p>
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 620) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 620) ←</p> <p>DON'T KNOW 8</p>
619	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
620	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
621	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 623) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 623) ←</p> <p>DON'T KNOW 8</p>

SECTION 6. CHILD HEALTH AND NUTRITION

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 <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (SKIP TO 646) ←	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (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 CLINIC C MOBILE CLINIC D OTHER PUBLIC SECTOR E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CENTER/CLINIC F PHARMACY G PRIVATE DOCTOR H MOBILE CLINIC I FAITH-BASED ORGANIZATION J OTHER PRIVATE MEDICAL SECTOR K (SPECIFY) OTHER SOURCE SHOP L TRADITIONAL PRACTITIONER M BLACK BAGGER/DRUG PEDDLER N OTHER X (SPECIFY)	PUBLIC SECTOR GOVERNMENT HOSPITAL... A GOVERNMENT HEALTH CENTER B GOVERNMENT HEALTH CLINIC C MOBILE CLINIC D OTHER PUBLIC SECTOR E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CENTER/CLINIC F PHARMACY G PRIVATE DOCTOR H MOBILE CLINIC I FAITH-BASED ORGANIZATION J OTHER PRIVATE MEDICAL SECTOR K (SPECIFY) OTHER SOURCE SHOP L TRADITIONAL PRACTITIONER M BLACK BAGGER/DRUG PEDDLER N OTHER X (SPECIFY)
626	CHECK 625:	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> ↓ (SKIP TO 628) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> ↓ (SKIP TO 628) ←

SECTION 6. CHILD HEALTH AND NUTRITION

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 <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
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. IF AMODIAQUINE IS MENTIONED, PROBE TO CLARIFY IF IT IS AN ACT.	ANTIMALARIAL DRUGS ARTEMISININ COMBINATION THERAPY (ACT) A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H OTHER ANTIMALARIAL _____ I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP J INJECTION/IV K OTHER DRUGS ASPIRIN L PARACETAMOL M IBUPROFEN N OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS ARTEMISININ COMBINATION THERAPY (ACT) A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H OTHER ANTIMALARIAL _____ I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP J INJECTION/IV K OTHER DRUGS ASPIRIN L PARACETAMOL M IBUPROFEN N OTHER _____ X (SPECIFY) DON'T KNOW Z
631	CHECK 630: ANY CODE A-I CIRCLED?	YES NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 646) ←	YES NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 646) ←

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
632	CHECK 630: ARTEMISININ COMBINATION THERAPY ('A') GIVEN	<div> <div>CODE 'A' CIRCLED <input type="checkbox"/></div> <div> CODE 'A' NOT CIRCLED <input type="checkbox"/> </div> </div> <div> ↓ (SKIP TO 634) ← </div>	<div> <div>CODE 'A' CIRCLED <input type="checkbox"/></div> <div> CODE 'A' NOT CIRCLED <input type="checkbox"/> </div> </div> <div> ↓ (SKIP TO 634) ← </div>
633	How long after the fever started did (NAME) first take an artemisinin combination therapy?	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: SP/FANSIDAR ('B') GIVEN	<div> <div>CODE 'B' CIRCLED <input type="checkbox"/></div> <div> CODE 'B' NOT CIRCLED <input type="checkbox"/> </div> </div> <div> ↓ (SKIP TO 636) ← </div>	<div> <div>CODE 'B' CIRCLED <input type="checkbox"/></div> <div> CODE 'B' NOT CIRCLED <input type="checkbox"/> </div> </div> <div> ↓ (SKIP TO 636) ← </div>
635	How long after the fever started did (NAME) first take SP/Fansidar?	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: CHLOROQUINE ('C') GIVEN	<div> <div>CODE 'C' CIRCLED <input type="checkbox"/></div> <div> CODE 'C' NOT CIRCLED <input type="checkbox"/> </div> </div> <div> ↓ (SKIP TO 638) ← </div>	<div> <div>CODE 'C' CIRCLED <input type="checkbox"/></div> <div> CODE 'C' NOT CIRCLED <input type="checkbox"/> </div> </div> <div> ↓ (SKIP TO 638) ← </div>
637	How long after the fever started did (NAME) first take chloroquine?	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
638	CHECK 630: AMODIAQUINE ('D') GIVEN	<div> <div>CODE 'D' CIRCLED <input type="checkbox"/></div> <div> CODE 'D' NOT CIRCLED <input type="checkbox"/> </div> </div> <div> ↓ (SKIP TO 640) ← </div>	<div> <div>CODE 'D' CIRCLED <input type="checkbox"/></div> <div> CODE 'D' NOT CIRCLED <input type="checkbox"/> </div> </div> <div> ↓ (SKIP TO 640) ← </div>
639	How long after the fever started did (NAME) first take amodiaquine?	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

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
640	CHECK 630: QUININE ('E' OR 'F') GIVEN	<div> <div>CODE 'E' OR 'F' CIRCLED <input type="checkbox"/></div> <div> CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/> </div> </div> <div> ↓ (SKIP TO 642) ← </div>	<div> <div>CODE 'E' OR 'F' CIRCLED <input type="checkbox"/></div> <div> CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/> </div> </div> <div> ↓ (SKIP TO 642) ← </div>
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 ('G' OR 'H') GIVEN	<div> <div>CODE 'G' OR 'H' CIRCLED <input type="checkbox"/></div> <div> CODE 'G' OR 'H' NOT CIRCLED <input type="checkbox"/> </div> </div> <div> ↓ (SKIP TO 644) ← </div>	<div> <div>CODE 'G' OR 'H' CIRCLED <input type="checkbox"/></div> <div> CODE 'G' OR 'H' NOT CIRCLED <input type="checkbox"/> </div> </div> <div> ↓ (SKIP TO 644) ← </div>
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 ('I') GIVEN	<div> <div>CODE 'I' CIRCLED <input type="checkbox"/></div> <div> CODE 'I' NOT CIRCLED <input type="checkbox"/> </div> </div> <div> ↓ (SKIP TO 646) ← </div>	<div> <div>CODE 'I' CIRCLED <input type="checkbox"/></div> <div> CODE 'I' NOT CIRCLED <input type="checkbox"/> </div> </div> <div> ↓ (SKIP TO 646) ← </div>
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.

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
647	<p>CHECK 615(a), ALL COLUMNS:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET</p> <input type="checkbox"/> <p>↓</p> </div> <div style="text-align: center;"> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET</p> <input type="checkbox"/> <p>→ 649</p> </div> </div>		
648	<p>Have you ever heard of a special product called ORS or oral rehydration salts you can get for the treatment of running stomach?</p>	<p>YES 1</p> <p>NO 2</p>	
649	<p>CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2017-2020 LIVING WITH THE RESPONDENT"</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE OR MORE</p> <input type="checkbox"/> <p>↓</p> </div> <div style="text-align: center;"> <p>NONE</p> <input type="checkbox"/> <p>→ 701</p> </div> </div> <p>_____ (NAME OF YOUNGEST CHILD LIVING WITH HER)</p> <p>↓</p>		

SECTION 6. CHILD HEALTH AND NUTRITION

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) Clear broth?	c) 1	2	8	
	d) 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'.	d) 1	2	8	
		NUMBER OF TIMES DRANK	<input type="text"/>		
	e) Guigoz, Sma Progress or other infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	e) 1	2	8	
		NUMBER OF TIMES DRANK	<input type="text"/>		
	f) Any other liquids?	f) 1	2	8	
	g) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	g) 1	2	8	
		NUMBER OF TIMES ATE	<input type="text"/>		
	h) Any Gerber, Cerelac or other commercially fortified baby food?	h) 1	2	8	
	i) Bread, rice, noodles, porridge, cereal, corn/maize or other foods made from grains?	i) 1	2	8	
	j) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	j) 1	2	8	
	k) Cassava, eddoes, white potatoes, white yams or any other foods made from roots?	k) 1	2	8	
	l) Potato greens, bitter leaf, cassava leaf or any dark green, leafy vegetables?	l) 1	2	8	
	m) Ripe mangoes or pawpaws? 1	2	8	
	n) Any other fruits or vegetables?	n) 1	2	8	
	o) Liver, kidney, heart, or other organ meats?	o) 1	2	8	
	p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	p) 1	2	8	
	q) Eggs?	q) 1	2	8	
	r) Fresh or dried fish or crawfish, crab or kissmeat?	r) 1	2	8	
	s) Any foods made from beans, peas, lentils, or nuts?	s) 1	2	8	
	t) Cheese or other food made from milk?	t) 1	2	8	
	u) Red palm oil?	u) 1	2	8	
	v) Any other solid, semi-solid, or soft food?	v) 1	2	8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
651	CHECK 650 (CATEGORIES 'g' THROUGH 'v'): NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/>		→ 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 <input type="text"/> 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/BUSH/FIELD 06 OTHER 96 (SPECIFY)	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 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	<input type="checkbox"/> → 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. <input type="text"/> <input type="text"/>	
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	<input type="checkbox"/> → 709
707	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98	
708	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
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: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> </div> <div style="width: 45%;"> MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> </div> </div> <p>a) In what month and year did you start living with your (husband/partner)?</p> <p>b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</p>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 712
711	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

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 did man business for the very first time?	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>			<p>→ 731</p>																						
714	<p>I would like to ask you about your recent sexual activity. When was the last time you did man business?</p> <p>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.</p>	<table> <tr> <td>DAYS AGO</td> <td>.....</td> <td>1</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>WEEKS AGO</td> <td>.....</td> <td>2</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>MONTHS AGO</td> <td>.....</td> <td>3</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>YEARS AGO</td> <td>.....</td> <td>4</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> </table>	DAYS AGO	1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			WEEKS AGO	2	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			MONTHS AGO	3	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			YEARS AGO	4	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<p>→ 716</p> <p>→ 727</p>
DAYS AGO	1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																								
WEEKS AGO	2	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																								
MONTHS AGO	3	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																								
YEARS AGO	4	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																								

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
715	When was the last time you did man business?		DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/>
716	The last time you did man business with this person, was a condom 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 did man business 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 did man business? 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 do man business with this person?	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>
720	How many times during the last 12 months did you do man business 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 <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
721	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98
722	Apart from this person, have you done man business 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 done man business 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 .. <input type="text"/> <input type="text"/> DON'T KNOW 98

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 106: AGE 15-24 <input type="checkbox"/> ↓	AGE 25-49 <input type="checkbox"/> → 727	
725	CHECK 701: NOT <input type="checkbox"/> IN A UNION ↓	CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> → 727	
726	In the past 12 months have you done man business 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 done man business 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 <input type="text"/> <input type="text"/> 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	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
801	CHECK 304: NEITHER <input type="checkbox"/> STERILIZED ↓	HE OR SHE <input type="checkbox"/> STERILIZED →	813	
802	CHECK 226: PREGNANT <input type="checkbox"/> ↓	NOT PREGNANT <input type="checkbox"/> 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 <input type="checkbox"/> OR UNSURE ↓ a) How long would you like to wait from now before the birth of (a/another) child? PREGNANT <input type="checkbox"/> ↓ b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 811 → 813 → 811	
806	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> →	812	
807	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT <input type="checkbox"/> CURRENTLY USING ↓	CURRENTLY <input type="checkbox"/> USING →	813	
808	CHECK 805: '24' OR MORE MONTHS <input type="checkbox"/> OR '02' OR MORE YEARS ↓	NOT <input type="checkbox"/> ASKED ↓	'00-'23' MONTHS <input type="checkbox"/> OR '00-'01' YEAR →	812
809	CHECK 714: DAYS, WEEKS OR <input type="checkbox"/> MONTHS AGO ↓	YEARS <input type="checkbox"/> AGO →	→ 811 NOT <input type="checkbox"/> ASKED →	811 811

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>CHECK 804:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>WANTS TO HAVE <input type="checkbox"/> A/ANOTHER CHILD</p> <p>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?</p> <p>Any other reason?</p> </div> <div style="width: 45%;"> <p>WANTS NO MORE/ <input type="checkbox"/> NONE</p> <p>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?</p> <p>Any other reason?</p> </div> </div> <p align="center">RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>	
811	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <p>NOT <input type="checkbox"/> ASKED</p> <p>NO, NOT <input type="checkbox"/> CURRENTLY USING</p> <p>YES, <input type="checkbox"/> CURRENTLY USING</p> </div>		→ 813
812	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
813	<p>CHECK 216:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS LIVING <input type="checkbox"/> CHILDREN</p> <p>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?</p> </div> <div style="width: 45%;"> <p>NO LIVING <input type="checkbox"/> CHILDREN</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div> <p align="center">PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	<p>→ 815</p> <p>→ 815</p>
814	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <p>BOYS</p> <p>GIRLS</p> <p>EITHER</p> </div> <p>NUMBER .. <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	

SECTION 8. FERTILITY PREFERENCES

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?	<div style="text-align: right;">YES NO</div> a) RADIO 1 2 b) TELEVISION 1 2 c) NEWSPAPER OR MAGAZINE 1 2 d) MOBILE PHONE 1 2	
817	CHECK 701: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>YES, <input type="checkbox"/> CURRENTLY MARRIED ↓</div> <div>YES, <input type="checkbox"/> LIVING WITH A MAN ↓</div> <div>NO, <input type="checkbox"/> NOT IN A UNION</div> </div>		→ 901
818	CHECK 303: USING A CONTRACEPTIVE METHOD? <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CURRENTLY <input type="checkbox"/> USING ↓</div> <div>NOT <input type="checkbox"/> CURRENTLY USING</div> <div>NOT <input type="checkbox"/> ASKED</div> </div>		→ 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 <div style="text-align: center;">(SPECIFY)</div>	→ 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 <div style="text-align: center;">(SPECIFY)</div>	
821	CHECK 304: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>NEITHER ARE <input type="checkbox"/> STERILIZED ↓</div> <div>HE OR SHE ARE <input type="checkbox"/> STERILIZED</div> </div>		→ 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	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN <input type="checkbox"/> UNION	→ 909
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
903	Did your (husband/partner) ever attend school?	YES 1 NO 2	→ 906
904	What was the highest level of school he attended: elementary, junior high, senior high, or higher?	ELEMENTARY (GRADES 1-6) 1 JUNIOR HIGH (GRADES 7-9) 2 SENIOR HIGH (GRADES 10-12) 3 HIGHER 4 DON'T KNOW 8	→ 906
905	What was the highest grade he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <input type="text"/> <input type="text"/> 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?	_____ _____ _____ <input type="text"/> <input type="text"/>	
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?	_____ _____ _____ <input type="text"/> <input type="text"/>	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

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 <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 925
918	CHECK 916: CODE '1' OR '2' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 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?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
924	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6																									
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)	<table> <tr> <th></th><th>PRES./ LISTEN.</th><th>PRES./ NOT LISTEN.</th><th>NOT PRES.</th></tr> <tr> <td>CHILDREN < 10</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>HUSBAND</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALES</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER FEMALES</td><td>1</td><td>2</td><td>3</td></tr> </table>		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3					
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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 burns the food?	<table> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> <tr> <td>a) GOES OUT</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) NEGLECTS CHILDREN ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) ARGUES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) REFUSES SEX</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) BURNS FOOD</td><td>1</td><td>2</td><td>8</td></tr> </table>		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) BURNS FOOD	1	2	8	
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SECTION 10. HIV/AIDS

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																	
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																	
1008	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) DURING PREGNANCY ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) DURING DELIVERY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) BREASTFEEDING</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) DURING PREGNANCY ..	1	2	8	b) DURING DELIVERY	1	2	8	c) BREASTFEEDING	1	2	8	
	YES	NO	DK																
a) DURING PREGNANCY ..	1	2	8																
b) DURING DELIVERY	1	2	8																
c) BREASTFEEDING	1	2	8																
1009	CHECK 1008: <div style="display: flex; justify-content: space-around;"> <div>AT LEAST ONE 'YES' <input type="checkbox"/></div> <div>OTHER <input type="checkbox"/> → 1011</div> </div>																		
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: <div style="display: flex; justify-content: space-around;"> <div>LAST BIRTH IN 2017-2020 <input type="checkbox"/></div> <div>NO BIRTHS <input type="checkbox"/> → 1027</div> </div> <div style="display: flex; justify-content: space-around;"> <div>LAST BIRTH IN 2016 OR EARLIER <input type="checkbox"/> → 1027</div> </div>																		
1012	CHECK 408 FOR LAST BIRTH: <div style="display: flex; justify-content: space-around;"> <div>HAD PRENATAL CARE <input type="checkbox"/></div> <div>NO PRENATAL CARE <input type="checkbox"/> → 1020</div> </div>																		
1013	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
1014	During any of the prenatal visits for your last birth were you given any information about: a) Babies getting HIV from their mother? b) Things that you can do to prevent getting HIV? c) Getting tested for HIV?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) HIV FROM MOTHER ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) THINGS TO DO</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) TESTED FOR HIV</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) HIV FROM MOTHER ..	1	2	8	b) THINGS TO DO	1	2	8	c) TESTED FOR HIV	1	2	8	
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a) HIV FROM MOTHER ..	1	2	8																
b) THINGS TO DO	1	2	8																
c) TESTED FOR HIV	1	2	8																

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1015	Were you offered a test for HIV as part of your prenatal care?	YES 1 NO 2	
1016	I don't want to know the results, but were you tested for HIV as part of your prenatal care?	YES 1 NO 2	→ 1020
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 CLINIC 13 STAND-ALONE VTC CENTER 14 NATIONAL AIDS CONTROL PROGRAM 15 OTHER PUBLIC SECTOR 16 _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 STAND-ALONE VTC CENTER 22 PHARMACY 23 PLANNED PARENTHOOD ASSN. LIB 24 MOBILE CLINIC 25 OTHER PRIVATE MEDICAL SECTOR 26 _____ (SPECIFY) OTHER SOURCE HOME 31 SHOP 32 OTHER 96 _____ (SPECIFY)	
1017A	All women are supposed to receive counseling before being tested. Before you were tested, did you receive counseling?	YES 1 NO 2 DON'T KNOW 8	
1018	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→ 1020
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	
1020	CHECK 430 FOR LAST BIRTH: ANY CODE <input type="checkbox"/> '21-36' CIRCLED ↓ OTHER <input type="checkbox"/>		→ 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

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1024	CHECK 1016: <div style="display: flex; justify-content: space-around; align-items: center;"> YES <input type="checkbox"/> NO OR <input type="checkbox"/> NOT ASKED </div>		→ 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 <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	→ 1033
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 <input type="text"/> <input type="text"/> 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	
1030	Where was the test done? <div style="border-bottom: 1px solid black; text-align: center; margin-top: 20px;">(NAME OF PLACE)</div>	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 GOVERNMENT HEALTH CLINIC 13 STAND-ALONE VTC CENTER 14 NATIONAL AIDS CONTROL PROGRAM 15 OTHER PUBLIC SECTOR <div style="text-align: right;">_____ 16</div> <div style="text-align: center;">(SPECIFY)</div> PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 STAND-ALONE VTC CENTER 22 PHARMACY 23 PLANNED PARENTHOOD ASSN. LIB 24 MOBILE CLINIC 25 OTHER PRIVATE MEDICAL SECTOR <div style="text-align: right;">_____ 26</div> <div style="text-align: center;">(SPECIFY)</div> OTHER SOURCE HOME 31 SHOP 32 OTHER 96 <div style="text-align: right;">_____ 96</div> <div style="text-align: center;">(SPECIFY)</div>	→ 1033

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 CLINIC C STAND-ALONE VTC CENTER D NATIONAL AIDS CONTROL PROGRAM E OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR G STAND-ALONE VTC CENTER H PHARMACY I PLANNED PARENTHOOD ASSN. LIB J MOBILE CLINIC K OTHER PRIVATE MEDICAL SECTOR _____ L (SPECIFY) OTHER _____ X (SPECIFY)	
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	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 <input type="checkbox"/> HIV OR AIDS NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS a) Apart from HIV, have you heard about other infections that can be transmitted through man business? b) Have you heard about infections that can be transmitted through man business?	YES 1 NO 2	
1043	CHECK 713: HAS HAD SEXUAL <input type="checkbox"/> INTERCOURSE NEVER HAD SEXUAL <input type="checkbox"/> INTERCOURSE		→ 1051
1044	CHECK 1042: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1046
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 man business?	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	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1048	CHECK 1045, 1046, AND 1047: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/>	HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>	→ 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 CLINIC C STAND-ALONE VTC CENTER D NATIONAL AIDS CONTROL PROGRAM E OTHER PUBLIC SECTOR _____ (SPECIFY) F PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR G STAND-ALONE VTC CENTER H PHARMACY I PLANNED PARENTHOOD ASSN. LIB J MOBILE CLINIC K OTHER PRIVATE MEDICAL SECTOR _____ (SPECIFY) L OTHER SOURCE SHOP M OTHER _____ (SPECIFY) X	
1051	If a wife knows her husband has a disease that she can get from doing man business, is she justified in asking that they use a condom when they do man business?	YES 1 NO 2 DON'T KNOW 8	
1052	Is a wife justified in refusing to do man business with her husband when she knows he has sex with other women?	YES 1 NO 2 DON'T KNOW 8	
1053	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	→ 1101
1054	Can you say no to your (husband/partner) if you do not want to do man business?	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	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
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	→ 1107A
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 / SHISHA C SNUFF BY MOUTH D SNUFF BY NOSE E CHEWING TOBACCO F OTHER X (SPECIFY)	
1107A	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 1108
1107B	What are the things that can happen to you when you have tuberculosis? Anything else? RECORD ALL MENTIONED.	COUGHING FOR 2 OR MORE WEEKS A COUGHING UP BLOOD B CHEST PAIN/ PAINFUL BREATHING OR COUGHING C WEIGHT LOSS D FATIGUE E FEVER F NIGHT SWEATS G OTHER X (SPECIFY) DON'T KNOW Z	
1107C	How does tuberculosis spread from one person to another? Any other way? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSTILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER X (SPECIFY) DON'T KNOW Z	
1107D	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
1107E	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 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
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?	BIG PROBLEM	NOT A BIG PROBLEM	
		a) PERMISSION TO GO	1 2	
		b) GETTING MONEY	1 2	
		c) DISTANCE	1 2	
		d) GO ALONE	1 2	
1109	Are you covered by any health insurance?	YES NO	1 2	→ 1110A
1110	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER _____ X (SPECIFY)		
1110A	Do you currently possess a form of identity document for yourself, such as a birth certificate, voter card, or national ID?	YES NO	1 2	→ 1110BB
1110B	A. Do you currently possess a:	B. Have you ever tried to obtain a [document from 1110B A]?		
			YES NO	
	a) Birth certificate	YES 1 NO 2 →	1 2	
	b) Voter card	YES 1 NO 2 →	1 2	
	c) National ID	YES 1 NO 2 →	1 2	

SECTION 12. ADULT AND MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
1201	<p>Now I would like to ask you some questions about your brothers and sisters belly born to your biological mother, including those who are living with you, those living elsewhere and those who have died. From our experience in prior surveys, we know it may sometimes be difficult to establish a complete list of all the children born to your biological mother. We will work together to draw the most complete list and work to recall all your siblings. Could you please now give me the names of all of your brothers and sisters born to your biological mother. DO NOT FILL IN THE ORDER NUMBER YET.</p> <table border="0"> <thead> <tr> <th>NAME</th><th>ORDER NUMBER</th><th>NAME</th><th>ORDER NUMBER</th></tr> </thead> <tbody> <tr> <td>a _____</td><td><input type="text"/><input type="text"/></td><td>k _____</td><td><input type="text"/><input type="text"/></td></tr> <tr> <td>b _____</td><td><input type="text"/><input type="text"/></td><td>l _____</td><td><input type="text"/><input type="text"/></td></tr> <tr> <td>c _____</td><td><input type="text"/><input type="text"/></td><td>m _____</td><td><input type="text"/><input type="text"/></td></tr> <tr> <td>d _____</td><td><input type="text"/><input type="text"/></td><td>n _____</td><td><input type="text"/><input type="text"/></td></tr> <tr> <td>e _____</td><td><input type="text"/><input type="text"/></td><td>o _____</td><td><input type="text"/><input type="text"/></td></tr> <tr> <td>f _____</td><td><input type="text"/><input type="text"/></td><td>p _____</td><td><input type="text"/><input type="text"/></td></tr> <tr> <td>g _____</td><td><input type="text"/><input type="text"/></td><td>q _____</td><td><input type="text"/><input type="text"/></td></tr> <tr> <td>h _____</td><td><input type="text"/><input type="text"/></td><td>r _____</td><td><input type="text"/><input type="text"/></td></tr> <tr> <td>i _____</td><td><input type="text"/><input type="text"/></td><td>s _____</td><td><input type="text"/><input type="text"/></td></tr> <tr> <td>j _____</td><td><input type="text"/><input type="text"/></td><td>t _____</td><td><input type="text"/><input type="text"/></td></tr> </tbody> </table>	NAME	ORDER NUMBER	NAME	ORDER NUMBER	a _____	<input type="text"/> <input type="text"/>	k _____	<input type="text"/> <input type="text"/>	b _____	<input type="text"/> <input type="text"/>	l _____	<input type="text"/> <input type="text"/>	c _____	<input type="text"/> <input type="text"/>	m _____	<input type="text"/> <input type="text"/>	d _____	<input type="text"/> <input type="text"/>	n _____	<input type="text"/> <input type="text"/>	e _____	<input type="text"/> <input type="text"/>	o _____	<input type="text"/> <input type="text"/>	f _____	<input type="text"/> <input type="text"/>	p _____	<input type="text"/> <input type="text"/>	g _____	<input type="text"/> <input type="text"/>	q _____	<input type="text"/> <input type="text"/>	h _____	<input type="text"/> <input type="text"/>	r _____	<input type="text"/> <input type="text"/>	i _____	<input type="text"/> <input type="text"/>	s _____	<input type="text"/> <input type="text"/>	j _____	<input type="text"/> <input type="text"/>	t _____	<input type="text"/> <input type="text"/>		
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j _____	<input type="text"/> <input type="text"/>	t _____	<input type="text"/> <input type="text"/>																																												
1202	<p>CHECK 1201:</p> <p>ONE OR MORE BROTHERS <input type="checkbox"/> OR SISTERS LISTED</p> <p>NO BROTHERS <input type="checkbox"/> OR SISTERS LISTED</p>		1204																																												
1203	<p>READ THE NAMES OF THE BROTHERS AND SISTERS TO THE RESPONDENT AND AFTER THE LAST ONE ASK: Are there any other brothers and sisters from the same biological mother that you have not mentioned?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/> → LIST ADDITIONAL BROTHERS AND SISTERS IN 1201.</p>																																														
1204	<p>Sometimes people forget to mention children born to their biological mother because they do not live with them or they do not see them very often. Are there any brothers or sisters who do not live with you that you have not mentioned?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/> → LIST ADDITIONAL BROTHERS AND SISTERS IN 1201.</p>																																														
1205	<p>Sometimes people forget to mention children born to their biological mother because they have died. Are there any brothers or sisters who died that you have not mentioned?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/> → LIST ADDITIONAL BROTHERS AND SISTERS IN 1201.</p>																																														
1206	<p>Some people have brothers or sisters from the same mother but a different father. Are there any brothers or sisters born to your biological mother, but who have a different biological father, that you have not mentioned?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/> → LIST ADDITIONAL BROTHERS AND SISTERS IN 1201.</p>																																														
1207	COUNT THE NUMBER OF BROTHERS AND SISTERS RECORDED IN 1201.	TOTAL BROTHERS AND SISTERS .. <input type="text"/> <input type="text"/>																																													

SECTION 12. ADULT AND MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1208	<p>CHECK 1207:</p> <p>Just to make make sure that I have this right: Your mother had in TOTAL _____ births, excluding you, during her lifetime. Is that correct?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 1201 AND/OR 1207.</p>		
1209	<p>CHECK 1207:</p> <p>ONE OR MORE <input type="checkbox"/> NO <input type="checkbox"/> → 1301</p> <p>BROTHERS/SISTERS BROTHER OR SISTER</p>		
1210	<p>Please tell me, which brother or sister was born first? And which was born next?</p> <p>RECORD '01' FOR THE ORDER NUMBER IN 1201 FOR THE FIRST BROTHER OR SISTER, '02' FOR THE SECOND, AND SO ON UNTIL YOU HAVE RECORDED THE ORDER NUMBER FOR ALL BROTHERS AND SISTERS.</p>		
1211	<p>How many births did your mother have before you were born?</p>	<p>NUMBER OF PRECEDING BIRTHS .. <input type="text"/> <input type="text"/></p>	

SECTION 12. ADULT AND MATERNAL MORTALITY MODULE

1212	LIST THE BROTHERS AND SISTERS ACCORDING TO THE ORDER NUMBER IN 1201. ASK 1213 TO 1224 FOR ONE BROTHER OR SISTER BEFORE ASKING ABOUT THE NEXT BROTHER OR SISTER. IF THERE ARE MORE THAN 12 BROTHERS AND SISTERS, USE AN ADDITIONAL QUESTIONNAIRE.						
1213	NAME OF BROTHER OR SISTER.	(01) _____	(02) _____	(03) _____	(04) _____	(05) _____	(06) _____
1214	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
1215	Is (NAME) still alive?	YES 1 NO 2 GO TO 1217 DK 8 GO TO (02)	YES 1 NO 2 GO TO 1217 DK 8 GO TO (03)	YES 1 NO 2 GO TO 1217 DK 8 GO TO (04)	YES 1 NO 2 GO TO 1217 DK 8 GO TO (05)	YES 1 NO 2 GO TO 1217 DK 8 GO TO (06)	YES 1 NO 2 GO TO 1217 DK 8 GO TO (07)
1216	How old is (NAME)?	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> GO TO (02)	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> GO TO (03)	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> GO TO (04)	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> GO TO (05)	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> GO TO (06)	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> GO TO (07)
1217	How many years ago did (NAME) die?	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
1218	How old was (NAME) when (he/she) died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223
1219	Was (NAME) pregnant when she died?	YES 1 GO TO 1223 NO 2	YES 1 GO TO 1223 NO 2	YES 1 GO TO 1223 NO 2	YES 1 GO TO 1223 NO 2	YES 1 GO TO 1223 NO 2	YES 1 GO TO 1223 NO 2
1220	Did (NAME) die during childbirth?	YES 1 GO TO (02) NO 2	YES 1 GO TO (03) NO 2	YES 1 GO TO (04) NO 2	YES 1 GO TO (05) NO 2	YES 1 GO TO (06) NO 2	YES 1 GO TO (07) NO 2
1221	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2 GO TO 1223	YES 1 NO 2 GO TO 1223	YES 1 NO 2 GO TO 1223	YES 1 NO 2 GO TO 1223	YES 1 NO 2 GO TO 1223	YES 1 NO 2 GO TO 1223
1222	How many days after the end of the pregnancy did (NAME) die?	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
1223	Was (NAME)'s death due to an act of violence?	YES 1 GO TO (02) NO 2	YES 1 GO TO (03) NO 2	YES 1 GO TO (04) NO 2	YES 1 GO TO (05) NO 2	YES 1 GO TO (06) NO 2	YES 1 GO TO (07) NO 2
1224	Was (NAME)'s death due to an accident?	YES 1 NO 2 GO TO (02)	YES 1 NO 2 GO TO (03)	YES 1 NO 2 GO TO (04)	YES 1 NO 2 GO TO (05)	YES 1 NO 2 GO TO (06)	YES 1 NO 2 GO TO (07)
IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION.							

SECTION 12. ADULT AND MATERNAL MORTALITY MODULE

1212	LIST THE BROTHERS AND SISTERS ACCORDING TO THE ORDER NUMBER IN 1201. ASK 1213 TO 1224 FOR ONE BROTHER OR SISTER BEFORE ASKING ABOUT THE NEXT BROTHER OR SISTER. IF THERE ARE MORE THAN 12 BROTHERS AND SISTERS, USE AN ADDITIONAL QUESTIONNAIRE.						
1213	NAME OF BROTHER OR SISTER.	(07)	(08)	(09)	(10)	(11)	(12)
1214	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
1215	Is (NAME) still alive?	YES 1 NO 2 GO TO 1217 DK 8 GO TO (08)	YES 1 NO 2 GO TO 1217 DK 8 GO TO (09)	YES 1 NO 2 GO TO 1217 DK 8 GO TO (10)	YES 1 NO 2 GO TO 1217 DK 8 GO TO (11)	YES 1 NO 2 GO TO 1217 DK 8 GO TO (12)	YES 1 NO 2 GO TO 1217 DK 8 GO TO (13)
1216	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (08)	<input type="text"/> <input type="text"/> GO TO (09)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)
1217	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1218	How old was (NAME) when (he/she) died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223
1219	Was (NAME) pregnant when she died?	YES 1 GO TO 1223 NO 2	YES 1 GO TO 1223 NO 2	YES 1 GO TO 1223 NO 2	YES 1 GO TO 1223 NO 2	YES 1 GO TO 1223 NO 2	YES 1 GO TO 1223 NO 2
1220	Did (NAME) die during childbirth?	YES 1 GO TO (08) NO 2	YES 1 GO TO (09) 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
1221	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2 GO TO 1223	YES 1 NO 2 GO TO 1223	YES 1 NO 2 GO TO 1223	YES 1 NO 2 GO TO 1223	YES 1 NO 2 GO TO 1223	YES 1 NO 2 GO TO 1223
1222	How many days after the end of the pregnancy did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1223	Was (NAME)'s death due to an act of violence?	YES 1 GO TO (08) NO 2	YES 1 GO TO (09) 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
1224	Was (NAME)'s death due to an accident?	YES 1 NO 2 GO TO (08)	YES 1 NO 2 GO TO (09)	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 NEXT SECTION.							

SECTION 13. FEMALE GENITAL CUTTING/MUTILATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
1301	Now I would like to ask about a practice known as female circumcision. Have you ever heard of female circumcision?	YES 1 NO 2	→ 1303								
1302	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES 1 NO 2	→ 1317A								
1303	Have you yourself ever been circumcised?	YES 1 NO 2	→ 1317								
1307	How old were you when you were circumcised? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> AS A BABY/DURING INFANCY 95 DON'T KNOW 98									
1317	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED 1 STOPPED 2 DEPENDS 3 DON'T KNOW 8									
1317A	Now I would like to ask you about something else. As you know some women belong to bush societies, like the Sande society. Have you heard of these societies?	YES 1 NO 2	→ 1401								
1317B	Are you a member of the Sande society or a woman's bush society?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1401								
1317C	How long have you been a member of the Sande society or a woman's bush society?	DAYS 1 WEEKS 2 MONTHS 3 YEARS 4	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								

SECTION 14. EBOLA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1401	<p>During the Ebola time in Liberia, which counties did you live in?</p> <p>Anywhere else?</p> <p>RECORD ALL MENTIONED.</p>	<p>BOMI A</p> <p>BONG B</p> <p>GBARPOLU C</p> <p>GRAND BASSA D</p> <p>GRAND CAPE MOUNT E</p> <p>GRAND GEDEH F</p> <p>GRAND KRU G</p> <p>LOFA H</p> <p>MARGIBI I</p> <p>MARYLAND J</p> <p>MONTSERRADO K</p> <p>NIMBA L</p> <p>RIVER CESS M</p> <p>RIVER GEE N</p> <p>SINOE O</p> <p>OUTSIDE OF LIBERIA Z</p>	
1401A	<p>CHECK 1401: <u>ONLY</u> "Z - OUTSIDE OF LIBERIA" CIRCLED?</p> <p align="center">NO <input type="checkbox"/> <u>ONLY</u> Z CIRCLED <input type="checkbox"/></p>		→ 1500
1402	<p>Did you get sick with any illness during the Ebola time in Liberia?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1408
1403	<p>In what month and year did you first get sick with the illness during Ebola time in Liberia?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	
1404	<p>In what county were you when you first got sick with the illness?</p>	<p>BOMI 1</p> <p>BONG 2</p> <p>GBARPOLU 3</p> <p>GRAND BASSA 4</p> <p>GRAND CAPE MOUNT 5</p> <p>GRAND GEDEH 6</p> <p>GRAND KRU 7</p> <p>LOFA 8</p> <p>MARGIBI 9</p> <p>MARYLAND 10</p> <p>MONTSERRADO 11</p> <p>NIMBA 12</p> <p>RIVER CESS 13</p> <p>RIVER GEE 14</p> <p>SINOE 15</p>	
1405	<p>When you were sick with the illness, did you have symptoms like fever, vomiting, diarrhea, severe headache, muscle pain, stomach pain, or unexplained bleeding?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1408
1406	<p>Did you seek advice or treatment for those symptoms from any source?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1408

EBOLA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1407	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT HEALTH CLINIC C</p> <p>MOBILE CLINIC D</p> <p>RELATIVE/FRIEND/NEIGHBOR WHO IS A HEALTHCARE WORKER E</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CENTER/ CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>RELATIVE/FRIEND/NEIGHBOR WHO IS A HEALTHCARE WORKER K</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>EBOLA TREATMENT UNIT M</p> <p>SHOP N</p> <p>TRADITIONAL PRACTITIONER O</p> <p>RELATIVE/FRIEND/NEIGHBOR WHO IS NOT A HEALTHCARE WORKER P</p> <p>BLACK BAGGER/ DRUG PEDDLER Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
1408	<p>Were you admitted to an Ebola treatment unit or ETU during the Ebola time in Liberia?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1411
1409	<p>In what month and year were you admitted to an Ebola treatment unit or ETU?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	
1410	<p>In what county was the Ebola treatment unit or ETU?</p>	<p>BOMI 1</p> <p>BONG 2</p> <p>GBARPOLU 3</p> <p>GRAND BASSA 4</p> <p>GRAND CAPE MOUNT 5</p> <p>GRAND GEDEH 6</p> <p>GRAND KRU 7</p> <p>LOFA 8</p> <p>MARGIBI 9</p> <p>MARYLAND 10</p> <p>MONTSERRADO 11</p> <p>NIMBA 12</p> <p>RIVER CESS 13</p> <p>RIVER GEE 14</p> <p>SINOE 15</p>	

EBOLA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP										
1411	Did any members of your household or other persons you were close to like relatives or friends get sick with any illness during the Ebola time in Liberia?	YES 1 NO 2	→ 1415										
1412	Were you in close contact with any of these people who got sick? By close contact I mean you took care of them when they were sick or shared, for example, the same bed, cooking utensils, or toilet facilities.	YES 1 NO 2											
1413	Were any of these people who got sick admitted to an Ebola treatment unit or ETU?	YES 1 NO 2 DON'T KNOW 8											
1414	Were you ever on a contact list, that is, did someone ever come to your house to take your temperature two times every day?	YES 1 NO 2 DON'T KNOW 8											
1415	Did any members of your household, other relatives, or close friends die during the Ebola time in Liberia?	YES 1 NO 2 DON'T KNOW 8	→ 1418										
1416	a) How many members of your household died? b) How many other relatives died? c) How many close friends died? IF NONE, RECORD '00'.	a) HOUSEHOLD MEMBERS DEAD .. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) OTHER RELATIVES DEAD b) CLOSE FRIENDS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>											
1417	Did you attend any of the burials for these deaths?	YES 1 NO 2											
1418	Did you ever receive the Ebola vaccine by PREVAIL?	YES 1 NO 2	→ 1420										
1419	In what month and year were you vaccinated for Ebola by PREVAIL?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW MONTH 98 YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW YEAR 9998											
1420	During the Ebola time in Liberia, did you work in an Ebola treatment unit or ETU?	YES 1 NO 2											
1421	During the Ebola time in Liberia, did you work in a health facility that was not an Ebola treatment unit or ETU ?	YES 1 NO 2	→ 1422										

EBOLA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1421A	Have you <u>ever</u> worked in a health facility?	YES 1 NO 2	
1422	During the Ebola time in Liberia, did you care for someone at home who had Ebola?	YES 1 NO 2	
1423	Have you ever come into contact with animals that were hunted or caught in the bush?	YES 1 NO 2	→ 1500
1424	What kinds of bush animals were they? Any other kind of animal? RECORD ALL MENTIONED.	BUSH HOG A BAT B BIRDS C DEER D GROUNDHOG E MONKEY F PORCUPINE G OTHER X	
1425	What did you do with the bush animal(s) that you came in contact with? Anything else? RECORD ALL MENTIONED.	BUTCHER/SKIN/CLEAN THE ANIMAL A COOK THE ANIMAL B EAT THE ANIMAL C SELL THE ANIMAL D OTHER X	

SECTION 15. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1500	<p>CHECK COVER PAGE: WOMAN SELECTED FOR DV MODULE?</p> <p align="center"> WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> WOMAN <input type="checkbox"/> NOT SELECTED </p>		1533																								
1501	<p>CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p align="center"> PRIVACY OBTAINED 1 <input type="checkbox"/> PRIVACY NOT POSSIBLE 2 <input type="checkbox"/> </p>		1532																								
1501A	<p>READ TO THE RESPONDENT:</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Liberia. 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.</p>																										
1502	<p>CHECK 701 AND 702:</p> <p align="center"> CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/PARTNER') <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> </p>		1516																								
1503	<p>First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)?</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?</p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>JEALOUS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ACCUSES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NOT MEET FRIENDS ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NO FAMILY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>WHERE YOU ARE</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS ..	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8	
	YES	NO	DK																								
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NOT MEET FRIENDS ..	1	2	8																								
NO FAMILY	1	2	8																								
WHERE YOU ARE	1	2	8																								
1504	<p>Now I need to ask some more questions about your relationship with your (last) (husband/partner).</p> <p>A. Did your (last) (husband/partner) ever:</p> <p>a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone you care about? c) insult you or make you feel bad about yourself?</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th>EVER</th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3									
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SECTION 15. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
1505	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 do man business 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	
1506	CHECK 1505A (a-j): AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/> → 1509					
1507	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 <input type="text"/> <input type="text"/> BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95				
1508	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				

SECTION 15. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1509	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	→ 1511																								
1510	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																									
1511	Does (did) your (last) (husband/partner) drink alcohol?	YES 1 NO 2	→ 1513																								
1512	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3																									
1513	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																									
1514	<p>CHECK 709:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN MORE THAN ONCE <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block; vertical-align: middle;"></div> </div> <div style="text-align: center;"> MARRIED/ LIVED <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block; vertical-align: middle;"></div> </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> <div style="text-align: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block; vertical-align: middle;"></div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block; vertical-align: middle;"></div> </div> </div>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN ONLY ONCE </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block; vertical-align: middle;"></div> </div> </div>	→ 1516																								
1515	<p>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).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th><th style="width: 10%;">EVER</th><th style="width: 10%;"></th><th style="width: 15%;">0 - 11 MONTHS AGO</th><th style="width: 15%;">12+ MONTHS AGO</th><th style="width: 10%;">DON'T REMEMBER</th></tr> </thead> <tbody> <tr> <td>a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b) Did any previous (husband/partner) physically force you to do man business or perform any other sexual acts against your will?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>c) Did any previous (husband/partner) humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		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 do man business or perform any other sexual acts against your will?	YES 1 NO 2 ↓	→	1	2	3	c) Did any previous (husband/partner) humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?	YES 1 NO 2 ↓	→	1	2	3	<p>B. How long ago did this last happen?</p>	
	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 do man business or perform any other sexual acts against your will?	YES 1 NO 2 ↓	→	1	2	3																						
c) Did any previous (husband/partner) humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?	YES 1 NO 2 ↓	→	1	2	3																						

SECTION 15. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1516	<p>CHECK 701 AND 702:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>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?</p> </div> <div style="width: 45%;"> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>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?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ 1519</p>
1517	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER A</p> <p>FATHER/STEP-FATHER B</p> <p>SISTER/BROTHER C</p> <p>DAUGHTER/SON D</p> <p>OTHER RELATIVE E</p> <p>CURRENT BOYFRIEND F</p> <p>FORMER BOYFRIEND G</p> <p>MOTHER-IN-LAW H</p> <p>FATHER-IN-LAW I</p> <p>OTHER IN-LAW J</p> <p>TEACHER K</p> <p>EMPLOYER/SOMEONE AT WORK L</p> <p>POLICE/SOLDIER M</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
1518	<p>In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?</p>	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NOT AT ALL 3</p>	
1519	<p>CHECK 201, 226, AND 230:</p> <div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p>EVER BEEN PREGNANT ('YES' ON 201 OR 226 OR 230) <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>NEVER BEEN PREGNANT <input type="checkbox"/></p> </div> </div>		<p>→ 1522</p>

SECTION 15. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1520	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ 1522
1521	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/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND/PARTNER G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M EMPLOYER/SOMEONE AT WORK .. N POLICE/SOLDIER O OTHER X (SPECIFY)	
1522	CHECK 701 AND 702: EVER MARRIED/EVER <input type="checkbox"/> LIVED WITH A MAN NEVER MARRIED/NEVER <input type="checkbox"/> LIVED WITH A MAN		→ 1522B
1522A	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 do man business or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1523 → 1524A
1522B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to do man business or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1526
1523	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/STEP-FATHER 04 BROTHER/STEP-BROTHER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK .. 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14 OTHER 96 (SPECIFY)	

SECTION 15. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1524	<p>CHECK 701 AND 702:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>a) In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to do man business when you did not want to?</p> </div> <div style="width: 45%;"> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>b) In the last 12 months has anyone physically forced you to do man business when you did not want to?</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p>YES 1</p> <p>NO 2</p> </div> <div> <p>→ 1525</p> </div> </div>	
1524A	<p>CHECK 1505A (h-j) and 1515A(b)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p> </div> </div>	→ 1526	
1525	<p>CHECK 701 AND 702:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>a) How old were you the first time you were forced to do man business or perform any other sexual acts by anyone, including (your/any) husband/partner?</p> </div> <div style="width: 45%;"> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>b) How old were you the first time you were forced to do man business or perform any other sexual acts?</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p>AGE IN COMPLETED YEARS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>DON'T KNOW 98</p> </div> </div>	
1526	<p>CHECK 1505A (a-j), 1515A (a,b), 1516, 1520, 1522A, AND 1522B:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p> </div> </div>	→ 1530	
1527	<p>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?</p>	<div style="display: flex; justify-content: space-between;"> <div> <p>YES 1</p> <p>NO 2</p> </div> <div> <p>→ 1529</p> </div> </div>	
1528	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY A</p> <p>HUSBAND'S/PARTNER'S FAMILY .. B</p> <p>CURRENT/FORMER HUSBAND/PARTNER C</p> <p>CURRENT/FORMER BOYFRIEND .. D</p> <p>FRIEND E</p> <p>NEIGHBOR F</p> <p>RELIGIOUS LEADER G</p> <p>DOCTOR/MEDICAL PERSONNEL H</p> <p>POLICE I</p> <p>LAWYER J</p> <p>SOCIAL SERVICE ORGANIZATION .. K</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
1528A	<p>Do you feel that (any of) this help was useful to solve the situation that was happening at the time or useful in the longer term, or was it not useful at all?</p>	<div style="display: flex; justify-content: space-between;"> <div> <p>NOT USEFUL AT ALL 1</p> <p>USEFUL TO SITUATION AT THAT TIME .. 2</p> <p>USEFUL IN THE LONGER TERM 3</p> </div> </div>	
1528B	<p>After seeking (any of) this help, did the physical or sexual assaults from your husband/partner or others that resulted in you being physically or sexually hurt at that time change in one way or another?</p>	<div style="display: flex; justify-content: space-between;"> <div> <p>NO CHANGE IN ASSULT 1</p> <p>ASSAULT REDUCED 2</p> <p>ASSAULT INCREASED 3</p> </div> <div> <p>→ 1530</p> </div> </div>	

SECTION 15. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1529	Have you ever told any one about this?	YES 1 NO 2																	
1530	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8																	
	THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																		
1531	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table> <tr> <td></td><td>YES, ONCE</td><td>YES, MORE THAN ONCE</td><td>NO</td></tr> <tr> <td>HUSBAND</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALE ADULT ..</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>FEMALE ADULT</td><td>1</td><td>2</td><td>3</td></tr> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT ..	1	2	3	FEMALE ADULT	1	2	3	
	YES, ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT ..	1	2	3																
FEMALE ADULT	1	2	3																
1532	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. _____ _____ _____																		
1533	RECORD THE TIME.	<table> <tr> <td>HOURS</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>MINUTES</td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	HOURS	<input type="text"/>	<input type="text"/>	MINUTES	<input type="text"/>	<input type="text"/>											
HOURS	<input type="text"/>	<input type="text"/>																	
MINUTES	<input type="text"/>	<input type="text"/>																	

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: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

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/ CYCLEBEADS
K LACTATIONAL AMENORRHEA METHOD
L RHYTHM METHOD

M WITHDRAWAL
X OTHER MODERN METHOD
Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

0 INFREQUENT SEX/HUSBAND AWAY
1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND/PARTNER DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 SIDE EFFECTS/HEALTH CONCERNS

6 LACK OF ACCESS/TOO FAR
7 COSTS TOO MUCH
8 INCONVENIENT TO USE
F UP TO GOD/FATALISTIC
A DIFFICULT TO GET PREGNANT/MENOPAUSAL
D MARITAL DISSOLUTION/SEPARATION
X OTHER

(SPECIFY)

Z DON'T KNOW

			COL. 1	COL. 2	
	12	DEC	01		
	11	NOV	02		
	10	OCT	03		
2	09	SEP	04		2
0	08	AUG	05		0
2	07	JUL	06		2
0	06	JUN	07		0
	05	MAY	08		
	04	APR	09		
	03	MAR	10		
	02	FEB	11		
	01	JAN	12		
	12	DEC	13		
	11	NOV	14		
	10	OCT	15		
2	09	SEP	16		2
0	08	AUG	17		0
1	07	JUL	18		1
9	06	JUN	19		9
	05	MAY	20		
	04	APR	21		
	03	MAR	22		
	02	FEB	23		
	01	JAN	24		
	12	DEC	25		
	11	NOV	26		
	10	OCT	27		
2	09	SEP	28		2
0	08	AUG	29		0
1	07	JUL	30		1
8	06	JUN	31		8
	05	MAY	32		
	04	APR	33		
	03	MAR	34		
	02	FEB	35		
	01	JAN	36		
	12	DEC	37		
	11	NOV	38		
	10	OCT	39		
2	09	SEP	40		2
0	08	AUG	41		0
1	07	JUL	42		1
7	06	JUN	43		7
	05	MAY	44		
	04	APR	45		
	03	MAR	46		
	02	FEB	47		
	01	JAN	48		
	12	DEC	49		
	11	NOV	50		
	10	OCT	51		
2	09	SEP	52		2
0	08	AUG	53		0
1	07	JUL	54		1
6	06	JUN	55		6
	05	MAY	56		
	04	APR	57		
	03	MAR	58		
	02	FEB	59		
	01	JAN	60		
	12	DEC	61		
	11	NOV	62		
	10	OCT	63		
2	09	SEP	64		2
0	08	AUG	65		0
1	07	JUL	66		1
5	06	JUN	67		5
	05	MAY	68		
	04	APR	69		
	03	MAR	70		
	02	FEB	71		
	01	JAN	72		
	12	DEC	73		
	11	NOV	74		
	10	OCT	75		
2	09	SEP	76		2
0	08	AUG	77		0
1	07	JUL	78		1
4	06	JUN	79		4
	05	MAY	80		
	04	APR	81		
	03	MAR	82		
	02	FEB	83		
	01	JAN	84		

