

2018 ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY  
 WOMEN'S QUESTIONNAIRE  
 ZAMBIA  
 MINISTRY OF HEALTH/CENTRAL STATISTICAL OFFICE

IDENTIFICATION											
PLACE NAME _____											
NAME OF HOUSEHOLD HEAD _____											
CLUSTER NUMBER .....				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>							
HOUSEHOLD NUMBER .....				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>							
NAME AND LINE NUMBER OF WOMAN _____											
CHECK HOUSEHOLD QUESTIONNAIRE DVH01: WOMAN SELECTED FOR DV MODULE? (1=YES, 2=.....) <span style="float: right;"> <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table> </span>											
INTERVIEWER VISITS											
	1	2	3	FINAL VISIT							
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td> </td><td> </td></tr></table>							
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td> </td><td> </td></tr></table>							
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>							
NEXT VISIT: DATE	_____	_____		INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>							
TIME	_____	_____		RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td> </td><td> </td></tr></table>							
				TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td> </td></tr></table>							
*RESULT CODES: 1 COMPLETED      4 REFUSED 2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER _____ SPECIFY 3 POSTPONED      6 INCAPACITATED											
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 40px; height: 20px; text-align: center;"><tr><td>0</td><td>1</td></tr></table> LANGUAGE OF INTERVIEW** <table border="1" style="width: 40px; height: 20px; text-align: center;"><tr><td> </td><td> </td></tr></table> NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 40px; height: 20px; text-align: center;"><tr><td> </td><td> </td></tr></table> TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 40px; height: 20px; text-align: center;"><tr><td> </td></tr></table>					0	1					
0	1										
LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b> **LANGUAGE CODES: 01 ENGLISH      03 ENGLISH DIFFEREN    05 KAOONDE 02 ENGLISH 2013    04 BEMBA      06 LOZI											
SUPERVISOR											
_____				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>							
NAME				NUMBER							



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3	
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:  PRIMARY OR <input type="checkbox"/> SECONDARY ↓	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 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	
114	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
115	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
116	Do you own a mobile telephone?	YES ..... 1 NO ..... 2	→ 118
117	Do you use your mobile phone for any financial transactions?	YES ..... 1 NO ..... 2	
118	Do you have an account in a bank or other financial institution that you yourself use?	YES ..... 1 NO ..... 2	
119	Have you ever used the internet?	YES ..... 1 NO ..... 2	→ 122
120	In the last 12 months, have you used the internet?  IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES ..... 1 NO ..... 2	→ 122
121	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	What is your religion?	CATHOLIC ..... 1 PROTESTANT ..... 2 MUSLIM ..... 3  OTHER _____ 6 (SPECIFY)	
124	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/>  NONE ..... 00	→ 201
125	In the last 12 months, have you been away from your home community for more than one month at a time?	YES ..... 1 NO ..... 2	



SECTION 2. REPRODUCTION

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 10 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.									
212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby?  RECORD NAME.  BIRTH HISTORY NUMBER.	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died?  IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday?  THEN ASK: Exactly how many months old was (NAME) when (he/she) died?  RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (NEXT BIRTH)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↙ NO 2 (NEXT BIRTH) ↙
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↙ NO 2 (NEXT BIRTH) ↙
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↙ NO 2 (NEXT BIRTH) ↙
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↙ NO 2 (NEXT BIRTH) ↙

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

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  NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ←		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2013-2018	NUMBER OF BIRTHS ..... <input type="text"/> NONE ..... 0	→ 226
225	<p><b>C</b> FOR EACH BIRTH IN 2013-2018, 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.)</p>		
226	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	→ 230
227	How many months pregnant are you?  RECORD NUMBER OF COMPLETED MONTHS.  <p><b>C</b> ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p>	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  ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> a) Did you want to have a baby later on or did you not want any more children?      b) Did you want to have a baby later on or did you not want any children?	LATER ..... 1 NO MORE/NONE ..... 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES ..... 1 NO ..... 2	→ 239
231	When did the last such pregnancy end?	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	CHECK 231:  LAST PREGNANCY ENDED IN 2013-2018 <input type="checkbox"/>	LAST PREGNANCY ENDED IN 2012 OR EARLIER <input type="checkbox"/>	→ 234  → 239
LINE NO.	233 In what month and year did the preceding such pregnancy end?	234 How many months pregnant were you when that pregnancy ended?	235 Since January 2013, have you had any other pregnancies that did not result in a live birth?
01		<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES ..... 1 → NEXT LINE NO ..... 2 → 236
02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH                      YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES ..... 1 → NEXT LINE NO ..... 2 → 236
03	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH                      YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES ..... 1 → NEXT LINE NO ..... 2 → 236
04	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH                      YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES ..... 1 NO ..... 2 → 236
236	<p><b>C</b> FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2013-2018 OR LATER, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</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 2013?	YES ..... 1 NO ..... 2	→ 239
238	When did the last such pregnancy that terminated before 2013 end?	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								
239	When did your last menstrual period start?  <hr/> (DATE, IF GIVEN)	DAYS AGO ..... 1 <table border="1" data-bbox="1390 204 1527 258"> <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> WEEKS AGO ..... 2 MONTHS AGO ..... 3 YEARS AGO ..... 4  IN MENOPAUSE/ HAS HAD HYSTERECTOMY ..... 994  BEFORE LAST BIRTH ..... 995  NEVER MENSTRUATED ..... 996									
240	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 242								
241	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4  OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8									
242	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									

SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about?</p> <p>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED.</p>	
01	<p>Female Sterilization. PROBE: Women can have an operation to avoid having any more children.</p>	<p>YES ..... 1 NO ..... 2</p>
02	<p>Male Sterilization. PROBE: Men can have an operation to avoid having any more children.</p>	<p>YES ..... 1 NO ..... 2</p>
03	<p>IUD. PROBE: Women can have a loop or coil placed inside them by a doctor, nurse, or clinic officer which can prevent pregnancy for one or</p>	<p>YES ..... 1 NO ..... 2</p>
04	<p>Injectables. PROBE: Women can have an injection by a doctor, nurse, or clinic officer that stops them from becoming pregnant for one or more</p>	<p>YES ..... 1 NO ..... 2</p>
05	<p>Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p>	<p>YES ..... 1 NO ..... 2</p>
06	<p>Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES ..... 1 NO ..... 2</p>
07	<p>Male Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES ..... 1 NO ..... 2</p>
08	<p>Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.</p>	<p>YES ..... 1 NO ..... 2</p>
09	<p>Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.</p>	<p>YES ..... 1 NO ..... 2</p>
10	<p>Standard Days Method (Cycle Beads). PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.</p>	<p>YES ..... 1 NO ..... 2</p>
11	<p>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.</p>	<p>YES ..... 1 NO ..... 2</p>
12	<p>Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.</p>	<p>YES ..... 1 NO ..... 2</p>
13	<p>Withdrawal. PROBE: Men can be careful and pull out before climax.</p>	<p>YES ..... 1 NO ..... 2</p>
14	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES, MODERN METHOD</p> <p>_____ A (SPECIFY)</p> <p>YES, TRADITIONAL METHOD</p> <p align="right">B</p>

SECTION 3. CONTRACEPTION

		(SPECIFY)
		NO ..... Y



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><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>GOVERNMENT HEALTH CENTER ..... 12</p> <p>GOVERNMENT HEALTH POS' ..... 13</p> <p>MOBILE HOSPITAL/CLINIC ..... 14</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 21</p> <p>MISSION HOSPITAL/CLINIC ..... 22</p> <p>PRIVATE DOCTOR'S OFFICE ..... 23</p> <p>MOBILE HOSPITAL/CLINIC ..... 24</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 style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR ..... <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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>							<p>→ 310</p>
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 style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR ..... <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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></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>YES <input type="checkbox"/></p>	<p>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>							

SECTION 3. CONTRACEPTION

311	<p>CHECK 308 AND 309:</p> <p style="text-align: center;">YEAR IS 2013-2018 <input type="checkbox"/></p> <p style="font-size: 2em; font-weight: bold; margin-left: 10px;">C</p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p style="text-align: center;">THEN CONTINUE ↓</p>		<p style="text-align: center;">YEAR IS 2012 OR EARLIER <input type="checkbox"/></p> <p style="font-size: 2em; font-weight: bold; margin-left: 10px;">C</p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2013 .</p> <p style="text-align: center;">THEN ↓ (SKIP TO 324) ←</p>
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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 style="font-size: 2em; font-weight: bold; margin-left: 10px;">C</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2013. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p>
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		COLUMN 1	COLUMN 2	COLUMN 3
312A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEAR	MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEAR	MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEAR
312B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	YES ..... 1 NO ..... 2 (SKIP TO 312I) ←	YES ..... 1 NO ..... 2 (SKIP TO 312I) ←	YES ..... 1 NO ..... 2 (SKIP TO 312I) ←
312C	Which method was that?	METHOD CODE .. <input style="width: 30px; height: 20px;" type="text"/>	METHOD CODE .. <input style="width: 30px; height: 20px;" type="text"/>	METHOD CODE .. <input style="width: 30px; height: 20px;" type="text"/>
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 .. <input style="width: 30px; height: 20px;" type="text"/> (SKIP TO 312F) ← DATE GIVEN ..... 95	IMMEDIATELY ..... 00 MONTHS .. <input style="width: 30px; height: 20px;" type="text"/> (SKIP TO 312F) ← DATE GIVEN ..... 95	IMMEDIATELY ..... 00 MONTHS .. <input style="width: 30px; height: 20px;" type="text"/> (SKIP TO 312F) ← DATE GIVEN ..... 95
312E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEAR	MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEAR	MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEAR
312F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	MONTHS .. <input style="width: 30px; height: 20px;" type="text"/> (SKIP TO 312H) ← DATE GIVEN ..... 95	MONTHS .. <input style="width: 30px; height: 20px;" type="text"/> (SKIP TO 312H) ← DATE GIVEN ..... 95	MONTHS .. <input style="width: 30px; height: 20px;" type="text"/> (SKIP TO 312H) ← DATE GIVEN ..... 95
312G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEAR	MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEAR	MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEAR
312H	Why did you stop using (METHOD)?	REASON STOPPED ..... <input style="width: 30px; height: 20px;" type="text"/>	REASON STOPPED ..... <input style="width: 30px; height: 20px;" type="text"/>	REASON STOPPED ..... <input style="width: 30px; height: 20px;" type="text"/>
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 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)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 GOVERNMENT HEALTH CENTER ..... 12 GOVERNMENT HEALTH POST ..... 13 MOBILE CLINIC/HOSPITAL ..... 14 COMMUNITY BASED AGENT/FIELDWORKER ..... 15 OTHER PUBLIC SECTOR  _____ 16 (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... 21 MISSION HOSPITAL/CLINIC ..... 22 PHARMACY ..... 23 PRIVATE DOCTOR ..... 24 MOBILE HOSPITAL/CLINIC ..... 25 COMMUNITY BASED AGENT/FIELDWORKER ..... 26  OTHER PRIVATE MEDICAL SECTOR  _____ 27 (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... 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 STANDARD DAYS METHOD ..... 10 OTHER MODERN METHOD ..... 95 OTHER TRADITIONAL METHOD ..... 96	→ 323      → 322  → 323



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><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>GOVERNMENT HEALTH CENTER ..... 12</p> <p>GOVERNMENT HEALTH POST ..... 13</p> <p>MOBILE CLINIC/HOSPITAL ..... 14</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER ..... 15</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 21</p> <p>MISSION HOSPITAL/CLINIC ..... 22</p> <p>PHARMACY ..... 23</p> <p>PRIVATE DOCTOR ..... 24</p> <p>MOBILE HOSPITAL/CLINIC ..... 25</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER ..... 26</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 27</p> <p align="center">(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... 31</p> <p>CHURCH ..... 32</p> <p>FRIEND/RELATIVE ..... 33</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 327</p>
326	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
327	<p>In the last 12 months, were you visited by a community health worker?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 329</p>
328	<p>Did the community health worker talk to you about family planning?</p>	<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?</p> <p>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>	<p>→ 401</p>
330	<p>Did any health worker at the health facility speak to you about family planning methods?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224:  ONE OR MORE BIRTHS <input type="checkbox"/> IN 2013-2018 ↓ <span style="margin-left: 200px;">NO BIRTHS IN <input type="checkbox"/></span> 2013-2018 → 648						
402	CHECK 215. RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2013-2018. 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 you some questions about the health of all your children born in the last five years. (We will talk about each separately.)						
403	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 5px;">                     BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.                 </td> <td style="width:33%; padding: 5px; text-align: center;">                     LAST BIRTH                      BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/> </td> <td style="width:33%; padding: 5px; text-align: center;">                     NEXT-TO-LAST BIRTH                      BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/> </td> </tr> </table>	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"/>			
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"/>					
404	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 5px;">FROM 212 AND 216:</td> <td style="width:33%; padding: 5px;">                     NAME _____                      LIVING <input type="checkbox"/>      DEAD <input type="checkbox"/> </td> <td style="width:33%; padding: 5px;">                     NAME _____                      LIVING <input type="checkbox"/>      DEAD <input type="checkbox"/> </td> </tr> </table>	FROM 212 AND 216:	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>			
FROM 212 AND 216:	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>					
405	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 5px;">When you got pregnant with (NAME), did you want to get pregnant at that time?</td> <td style="width:33%; padding: 5px;">                     YES ..... 1                      NO ..... 2                      (SKIP TO 408) ←                 </td> <td style="width:33%; padding: 5px;">                     YES ..... 1                      NO ..... 2                      (SKIP TO 426) ←                 </td> </tr> </table>	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES ..... 1 NO ..... 2 (SKIP TO 408) ←	YES ..... 1 NO ..... 2 (SKIP TO 426) ←			
When you got pregnant with (NAME), did you want to get pregnant at that time?	YES ..... 1 NO ..... 2 (SKIP TO 408) ←	YES ..... 1 NO ..... 2 (SKIP TO 426) ←					
406	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 5px;">                     CHECK 208:   <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;">                             ONLY ONE BIRTH <input type="checkbox"/> </td> <td style="width:50%; border: none; text-align: center;">                             MORE THAN ONE BIRTH <input type="checkbox"/> </td> </tr> </table>                     a) Did you want to have a baby later on, or did you not want any children?                 </td> <td style="width:33%; padding: 5px;">                     b) Did you want to have a baby later on, or did you not want any more children?                 </td> <td style="width:33%; padding: 5px;">                     LATER ..... 1                      NO MORE/NONE ..... 2                      (SKIP TO 408) ←                 </td> <td style="width:33%; padding: 5px;">                     LATER ..... 1                      NO MORE/NONE ..... 2                      (SKIP TO 426) ←                 </td> </tr> </table>	CHECK 208:  <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;">                             ONLY ONE BIRTH <input type="checkbox"/> </td> <td style="width:50%; border: none; text-align: center;">                             MORE THAN ONE BIRTH <input type="checkbox"/> </td> </tr> </table> a) Did you want to have a baby later on, or did you not want any children?	ONLY ONE BIRTH <input type="checkbox"/>	MORE THAN ONE BIRTH <input type="checkbox"/>	b) Did you want to have a baby later on, or did you not want any more children?	LATER ..... 1 NO MORE/NONE ..... 2 (SKIP TO 408) ←	LATER ..... 1 NO MORE/NONE ..... 2 (SKIP TO 426) ←
CHECK 208:  <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;">                             ONLY ONE BIRTH <input type="checkbox"/> </td> <td style="width:50%; border: none; text-align: center;">                             MORE THAN ONE BIRTH <input type="checkbox"/> </td> </tr> </table> a) Did you want to have a baby later on, or did you not want any children?	ONLY ONE BIRTH <input type="checkbox"/>	MORE THAN ONE BIRTH <input type="checkbox"/>	b) Did you want to have a baby later on, or did you not want any more children?	LATER ..... 1 NO MORE/NONE ..... 2 (SKIP TO 408) ←	LATER ..... 1 NO MORE/NONE ..... 2 (SKIP TO 426) ←		
ONLY ONE BIRTH <input type="checkbox"/>	MORE THAN ONE BIRTH <input type="checkbox"/>						
407	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 5px;">How much longer would you have liked to wait?</td> <td style="width:33%; padding: 5px;">                     MONTHS ..... 1 <input type="text"/> <input type="text"/>                      YEARS ..... 2 <input type="text"/> <input type="text"/>                      DON'T KNOW ..... 998                 </td> <td style="width:33%; padding: 5px;">                     MONTHS ..... 1 <input type="text"/> <input type="text"/>                      YEARS ..... 2 <input type="text"/> <input type="text"/>                      DON'T KNOW ..... 998                 </td> </tr> </table>	How much longer would you have liked to wait?	MONTHS ..... 1 <input type="text"/> <input type="text"/> YEARS ..... 2 <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	MONTHS ..... 1 <input type="text"/> <input type="text"/> YEARS ..... 2 <input type="text"/> <input type="text"/> DON'T KNOW ..... 998			
How much longer would you have liked to wait?	MONTHS ..... 1 <input type="text"/> <input type="text"/> YEARS ..... 2 <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	MONTHS ..... 1 <input type="text"/> <input type="text"/> YEARS ..... 2 <input type="text"/> <input type="text"/> DON'T KNOW ..... 998					
408	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 5px;">Did you see anyone for antenatal care for this pregnancy?</td> <td style="width:33%; padding: 5px;">                     YES ..... 1                      NO ..... 2                      (SKIP TO 414) ←                 </td> <td style="width:33%; background-color: #cccccc;"></td> </tr> </table>	Did you see anyone for antenatal care for this pregnancy?	YES ..... 1 NO ..... 2 (SKIP TO 414) ←				
Did you see anyone for antenatal care for this pregnancy?	YES ..... 1 NO ..... 2 (SKIP TO 414) ←						
409	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 5px;">                     Whom did you see?                       Anyone else?                       PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.                 </td> <td style="width:33%; padding: 5px;"> <b>HEALTH PERSONNEL</b>                      DOCTOR ..... A                      NURSE/MIDWIFE ..... B                      CLINICAL OFFICER ..... C   <b>OTHER PERSON</b>                      TRADITIONAL BIRTH ATTENDANT ..... D                      COMMUNITY/VILLAGE HEALTH WORKER ..... E                       OTHER _____ X                      (SPECIFY)                 </td> <td style="width:33%; background-color: #cccccc;"></td> </tr> </table>	Whom did you see?  Anyone else?  PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	<b>HEALTH PERSONNEL</b> DOCTOR ..... A NURSE/MIDWIFE ..... B CLINICAL OFFICER ..... C  <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... D COMMUNITY/VILLAGE HEALTH WORKER ..... E  OTHER _____ X (SPECIFY)				
Whom did you see?  Anyone else?  PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	<b>HEALTH PERSONNEL</b> DOCTOR ..... A NURSE/MIDWIFE ..... B CLINICAL OFFICER ..... C  <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... D COMMUNITY/VILLAGE HEALTH WORKER ..... E  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 antenatal 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>_____</p> <p align="center">(NAME OF PLACE)</p>	<p><b>HOME</b></p> <p>HER HOME ..... A</p> <p>OTHER HOME ..... B</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL .. C</p> <p>GOVERNMENT HEALTH CENTER ..... D</p> <p>GOVERNMENT HEALTH POST ..... E</p> <p>MOBILE HOSPITAL/CLINIC .. F</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ G</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... H</p> <p>MISSION HOSPITAL/CLINIC ..... I</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ J</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>																
411	<p>How many months pregnant were you when you first received antenatal 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 antenatal 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 antenatal 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> <p>d) Were you weighed?</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> <tr> <td>d) WEIGHED .....</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	d) WEIGHED .....	1	2
	YES	NO																
a) BP .....	1	2																
b) URINE .....	1	2																
c) BLOOD .....	1	2																
d) WEIGHED .....	1	2																
414	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="center">(SKIP TO 417) ←</p> <p>DON'T KNOW ..... 8</p>																
415	<p>During this pregnancy, how many times did you get this tetanus injection?</p>	<p>TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>																
416	<p>CHECK 415:</p>	<p>2 OR MORE TIMES <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> <p>(SKIP TO 420) ←</p>																

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
417	At any time before this pregnancy, did you receive any tetanus injections?	YES ..... 1 NO ..... 2 (SKIP TO 420) ← DON'T KNOW ..... 8	
418	Before this pregnancy, how many other 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 <input type="checkbox"/>                          ONE ↓                     </div> <div style="text-align: center;">                         MORE <input type="checkbox"/>                          THAN ONE ↓                     </div> </div> a) How many years ago did you receive that tetanus injection? b) How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO ..... <input type="text"/> <input type="text"/>	
420	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?  SHOW TABLETS/SYRUP.	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 or syrup?  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 drug for intestinal worms?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
423	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	YES ..... 1 NO ..... 2 (SKIP TO 426) ← DON'T KNOW ..... 8	
424	How many times did you take SP/Fansidar during this pregnancy?	TIMES ..... <input type="text"/> <input type="text"/>	
425	Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source?  IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.	ANTENATAL VISIT ..... 1 ANOTHER FACILITY VISIT ..... 2 OTHER SOURCE ..... 6	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
426	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8
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"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <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"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <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.	<b>HEALTH PERSONNEL</b> DOCTOR ..... A NURSE/MIDWIFE ..... B CLINICAL OFFICER ..... C <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... D COMMUNITY HEALTH WORKER ..... E RELATIVE/FRIEND ..... F OTHER _____ X (SPECIFY) NO ONE ASSISTED ..... Y	<b>HEALTH PERSONNEL</b> DOCTOR ..... A NURSE/MIDWIFE ..... B CLINICAL OFFICER ..... C <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... D COMMUNITY HEALTH WORKER ..... E RELATIVE/FRIEND ..... F OTHER _____ X (SPECIFY) NO ONE ASSISTED ..... Y

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
430	<p>Where did you give birth to (NAME)?</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><b>HOME</b></p> <p>HER HOME ..... 11 (SKIP TO 434) ←</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL .. 21 GOVERNMENT HEALTH CENTER ..... 22 GOVERNMENT HEALTH POST ..... 23 OTHER PUBLIC SECTOR</p> <p>_____ 26 (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/ CLINIC ..... 31 MISSION HOSPITAL/ CLINIC ..... 32 OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 434) ←</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11 (SKIP TO 434) ←</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL .. 21 GOVERNMENT HEALTH CENTER ..... 22 GOVERNMENT HEALTH POST ..... 23 OTHER PUBLIC SECTOR</p> <p>_____ 26 (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/ CLINIC ..... 31 MISSION HOSPITAL/ CLINIC ..... 32 OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 434) ←</p>
431	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS ..... 1</p> <p>DAYS ..... 2</p> <p>WEEKS ..... 3</p> <p>DON'T KNOW ..... 998</p>	
432	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 434) ←</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 434) ←</p>
433	<p>When was the decision made to have the caesarean section? Was it before or after your labor pains started?</p>	<p>BEFORE ..... 1 AFTER ..... 2</p>	<p>BEFORE ..... 1 AFTER ..... 2</p>
434	<p>Immediately after the birth, was (NAME) put on your chest?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 434B) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 459) ←</p> <p>DON'T KNOW ..... 8</p>
434A	<p>Was (NAME)'s bare skin touching your bare skin?</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>
434B	<p>CHECK 430: PLACE OF DELIVERY</p>	<p>CODE</p> <p>11, 12, OR 96 <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>CIRCLED</p> <p>(SKIP TO 449) ←</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____													
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></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></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></table> DON'T KNOW ..... 998														
437	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE ..... 12 CLINICAL OFFICER ..... 13 <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... 21 COMMUNITY/VILLAGE HEALTH WORKER ..... 22  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></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></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></table> DON'T KNOW ..... 998														
440	Who checked on (NAME)'s health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE ..... 12 CLINICAL OFFICER ..... 13 <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... 21 COMMUNITY/VILLAGE HEALTH WORKER ..... 22  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 DAYS ..... 2 WEEKS ..... 3 DON'T KNOW ..... 998	
443	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE ..... 12 CLINICAL OFFICER ..... 13 <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... 21 COMMUNITY/ VILLAGE HEALTH WORKER ..... 22 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)	<b>HOME</b> HER HOME ..... 11 OTHER HOME ..... 12 <b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL .. 21 GOVERNMENT HEALTH CENTER ..... 22 GOVERNMENT HEALTH POST ..... 23 OTHER PUBLIC SECTOR _____ (SPECIFY) 26 <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/ CLINIC ..... 31 MISSION HOSPITAL/ CLINIC ..... 32 OTHER PRIVATE MEDICAL SECTOR _____ (SPECIFY) 36 OTHER ..... 96 (SPECIFY)	
445	I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider or a traditional birth attendant check on (NAME)'s health in the two months after you left (FACILITY IN 430)?	YES ..... 1 NO ..... 2 (SKIP TO 457) ← DON'T KNOW ..... 8	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
446	<p>How many hours, days or weeks after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS ..... 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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS ..... 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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS ..... 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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW ..... 998</p>													
447	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b>            DOCTOR ..... 11            NURSE/MIDWIFE ..... 12            CLINICAL OFFICER ..... 13</p> <p><b>OTHER PERSON</b>            TRADITIONAL BIRTH ATTENDANT ..... 21            COMMUNITY/VILLAGE HEALTH WORKER ..... 22</p> <p>OTHER _____ 96            (SPECIFY)</p>													
448	<p>Where did this check of (NAME) 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>_____ (NAME OF PLACE)</p>	<p><b>HOME</b>            HER HOME ..... 11            OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b>            GOVERNMENT HOSPITAL .. 21            GOVERNMENT HEALTH CENTER ..... 22            GOVERNMENT HEALTH POST ..... 23            OTHER PUBLIC SECTOR _____ 26            (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b>            PRIVATE HOSPITAL/CLINIC ..... 31            MISSION HOSPITAL/CLINIC ..... 32            OTHER PRIVATE MEDICAL SECTOR _____ 36            (SPECIFY)</p> <p>OTHER _____ 96            (SPECIFY)</p> <p>(SKIP TO 457) ←</p>													
449	<p>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)?</p>	<p>YES ..... 1            NO ..... 2            (SKIP TO 453) ←</p>													

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH						
		NAME _____	NAME _____						
450	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>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></p> <p>DAYS ..... 2</p> <p>WEEKS ..... 3</p> <p>DON'T KNOW ..... 998</p>							
451	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... 11</p> <p>NURSE/MIDWIFE ..... 12</p> <p>CLINICAL OFFICER ..... 13</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... 21</p> <p>COMMUNITY/VILLAGE HEALTH WORKER ..... 22</p> <p>OTHER _____ 96 (SPECIFY)</p>							
452	<p>Where did this first check 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>_____ (NAME OF PLACE)</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL .. 21</p> <p>GOVERNMENT HEALTH CENTER ..... 22</p> <p>GOVERNMENT HEALTH POST ..... 23</p> <p>OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 31</p> <p>MISSION HOSPITAL/CLINIC ..... 32</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>							
453	<p>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?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="center">(SKIP TO 457) ←</p> <p>DON'T KNOW ..... 8</p>							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
454	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS AFTER BIRTH ..... 1 <table border="1" data-bbox="1037 277 1173 335"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS AFTER BIRTH ..... 2 <table border="1" data-bbox="1037 335 1173 392"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS AFTER BIRTH ..... 3 <table border="1" data-bbox="1037 392 1173 450"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW ..... 998</p>													
455	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b>            DOCTOR ..... 11            NURSE/MIDWIFE ..... 12            CLINICAL OFFICER ..... 13</p> <p><b>OTHER PERSON</b>            TRADITIONAL BIRTH ATTENDANT ..... 21            COMMUNITY/VILLAGE HEALTH WORKER ..... 22</p> <p>OTHER _____ 96            (SPECIFY)</p>													
456	<p>Where did this first check of (NAME) 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>_____ (NAME OF PLACE)</p>	<p><b>HOME</b>            HER HOME ..... 11            OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b>            GOVERNMENT HOSPITAL .. 21            GOVERNMENT HEALTH CENTER ..... 22            GOVERNMENT HEALTH POST ..... 23            OTHER PUBLIC SECTOR _____ 26            (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b>            PRIVATE HOSPITAL/CLINIC ..... 31            MISSION HOSPITAL/CLINIC ..... 32            OTHER PRIVATE MEDICAL SECTOR _____ 36            (SPECIFY)</p> <p>OTHER _____ 96            SPECIFY</p>													

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH		
		NAME _____			NAME _____		
457	During the first two days after (NAME)'s birth, did any health care provider do the following:  a) Examine the cord? b) Measure (NAME)'s temperature? c) Counsel you on danger signs for newborns? d) Counsel you on breastfeeding?  e) Observe (NAME) breastfeeding?		YES	NO	DK		
		a) CORD .....	1	2	8		
		b) TEMP. ....	1	2	8		
		c) SIGNS ....	1	2	8		
		d) COUNSEL BREAST-FEED .....	1	2	8		
		e) OBSERVE BREAST-FEED .....	1	2	8		
458	Has your menstrual period returned since the birth of (NAME)?	YES .....			1		
		(SKIP TO 460) ←					
		NO .....			2		
		(SKIP TO 461) ←					
459	Did your period return between the birth of (NAME) and your next pregnancy?					YES .....	1
						NO .....	2
						(SKIP TO 463) ←	
460	For how many months after the birth of (NAME) did you not have a period?	MONTHS .....	<input type="text"/>	<input type="text"/>		MONTHS .....	<input type="text"/>
		DON'T KNOW .....			98	DON'T KNOW .....	98
461	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/>				PREGNANT OR UNSURE <input type="checkbox"/>	
		(SKIP TO 463) ←				(SKIP TO 463) ←	
462	Have you had sexual intercourse since the birth of (NAME)?	YES .....			1		
		NO .....			2		
		(SKIP TO 464) ←					
463	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS .....	<input type="text"/>	<input type="text"/>		MONTHS .....	<input type="text"/>
		DON'T KNOW .....			98	DON'T KNOW .....	98
464	Did you ever breastfeed (NAME)?	YES .....			1	YES .....	1
		(SKIP TO 466) ←				NO .....	2
		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 put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY .....			000		
		HOURS .....	1	<input type="text"/>	<input type="text"/>		
		DAYS .....	2	<input type="text"/>	<input type="text"/>		
467	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES .....			1		
		NO .....			2		

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
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 breastfeeding (NAME)?	YES ..... 1 NO ..... 2			
470	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501A.		GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501A.	

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2015-2018? ONE OR MORE BIRTHS IN 2015-2018 <input type="checkbox"/>	NO BIRTHS IN 2015-2018 <input type="checkbox"/>	→ 601
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2015-2018.  NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>		
503A	CHECK 216 FOR CHILD:  LIVING <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
505A	Did you ever have a vaccination card for (NAME)?	YES ..... 1 NO ..... 2	
506A	CHECK 504A:  CODE '2' 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

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER ..... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	

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; text-align: center;"> <thead> <tr> <th></th> <th style="width:10%;">DAY</th> <th style="width:10%;">MONTH</th> <th style="width:10%;">YEAR</th> <th style="width:10%;">YEAR</th> <th style="width:10%;">YEAR</th> <th style="width:10%;">YEAR</th> </tr> </thead> <tbody> <tr><td>BCG (at birth)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 4</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PCV 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PCV 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PCV 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES / RUBELLA 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES / RUBELLA 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ROTA VACCINE 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ROTA VACCINE 2</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	YEAR	YEAR	YEAR	BCG (at birth)							ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)							ORAL POLIO VACCINE (OPV) 1							ORAL POLIO VACCINE (OPV) 2							ORAL POLIO VACCINE (OPV) 3							ORAL POLIO VACCINE (OPV) 4							PCV 1							PCV 2							PCV 3							DPT-HEP.B-HIB (PENTAVALENT) 1							DPT-HEP.B-HIB (PENTAVALENT) 2							DPT-HEP.B-HIB (PENTAVALENT) 3							MEASLES / RUBELLA 1							MEASLES / RUBELLA 2							ROTA VACCINE 1							ROTA VACCINE 2							VITAMIN A (MOST RECENT)							
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509A	<p>CHECK 508A: 'BCG' TO ROTA VACCINE 2' ALL RECORDED?</p> <p style="text-align: center;">NO <input style="width:20px; height:20px;" type="checkbox"/></p>	<p style="text-align: center;">YES <input style="width:20px; height:20px;" type="checkbox"/> → 525A</p>	
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510A	<p>In addition to what is recorded on (this document/these documents), did (NAME) received 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>	
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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	→ 525A
512A	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
514A	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 517A
515A	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS ..... 1 LATER ..... 2	
516A	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
517A	Has (NAME) ever received a pentavalent (DPT-HEP.B-HIB) vaccination, that is, an injection given in the left thigh sometimes at the same time as polio drops?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 519A
518A	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES ..... <input type="text"/>	

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"/>													
519A	Has (NAME) ever received a PCV (pneumococcal) vaccination, that is, an injection in the right thigh to prevent pneumonia?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 521A												
520A	How many times did (NAME) receive the PCV (pneumococcal) vaccine?	NUMBER OF TIMES ..... <input type="text"/>													
521A	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhoea?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 523A												
522A	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES ..... <input type="text"/>													
523A	Has (NAME) ever received a measles and rubella vaccination, that is, an injection in the arm to prevent measles and rubella?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 525A												
524A	How many times did (NAME) receive the measles and rubella vaccine?	NUMBER OF TIMES ..... <input type="text"/>													
525A	In the last 7 days was (NAME) given:  a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER]?  b) Ready to use therapeutic food such as Plumpy'nut?	<table border="0"> <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) PLUMPY'NUT .....</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) PLUMPY'NUT .....	1	2	8	
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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 2015-2018? MORE BIRTHS IN 2015-2018 <input type="checkbox"/> NO MORE BIRTHS IN 2015-2018 <input type="checkbox"/>	→ 601	
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2015-2018. NAME OF NEXT-TO-LAST BIRTH _____ BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>		
503B	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	→ 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: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>	→ 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 _____	BIRTH HISTORY NUMBER ..... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	

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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 508B 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>	
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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	→ 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	
513B	Within 24 hours after birth, did (NAME) receive a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
514B	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 517B
515B	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS ..... 1 LATER ..... 2	
516B	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
517B	Has (NAME) ever received a pentavalent (DPT-HEP.B-HIB) vaccination, that is, an injection given in the left thigh sometimes at the same time as polio drops?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 519B
518B	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES ..... <input type="text"/>	

**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"/>													
519B	Has (NAME) ever received a PCV (pneumococcal) vaccination, that is, an injection in the right thigh to prevent pneumonia?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 521B												
520B	How many times did (NAME) receive the PCV (pneumococcal) vaccine?	NUMBER OF TIMES ..... <input type="text"/>													
521B	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhoea?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 523B												
522B	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES ..... <input type="text"/>													
523B	Has (NAME) ever received a measles and rubella vaccination, that is, an injection in the arm to prevent measles and rubella?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 525B												
524B	How many times did (NAME) receive the measles and rubella vaccine?	NUMBER OF TIMES ..... <input type="text"/>													
525B	In the last 7 days was (NAME) given:  a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER]?  b) Ready to use therapeutic food such as Plumpy'nut?	<table border="0"> <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) PLUMPY'NUT .....</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) PLUMPY'NUT .....	1	2	8	
	YES	NO	DK												
a) POWDER .....	1	2	8												
b) PLUMPY'NUT .....	1	2	8												
526B	CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2015-2018?  MORE BIRTHS IN 2015-2018 <input type="checkbox"/> (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE)	NO MORE BIRTHS IN 2015-2018 <input type="checkbox"/> →	601												

SECTION 6. CHILD HEALTH AND NUTRITION

601	CHECK 224:  ONE OR MORE BIRTHS IN 2013-2018 <input type="checkbox"/> NO BIRTHS IN 2013-2018 <input type="checkbox"/> → 648		
602	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2013-2018. 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 you some questions about the health of all your children born in the last five years. (We will talk about each separately.)		
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 _____  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 646) ←	NAME _____  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 646) ←
605	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
606	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like [this/any of these]? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
607	Was (NAME) given any drug for intestinal worms in the last six months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
608	Has (NAME) had diarrhoea in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 618) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 618) ← DON'T KNOW ..... 8



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? 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><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL .. A GOVERNMENT HEALTH CENTER ..... B GOVERNMENT HEALTH POST ..... C MOBILE HOSPITAL/CLINIC.. D COMMUNITY BASED AGENT/FIELDWORKER.. E OTHER PUBLIC SECTOR _____ F (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... G MISSION HOSPITAL/CLINIC ..... H PHARMACY ..... I PRIVATE DOCTOR ..... J MOBILE CLINIC ..... K COMMUNITY BASED AGENT/FIELDWORKER.. L OTHER PRIVATE MEDICAL SECTOR _____ M (SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... N TRADITIONAL PRACTITIONER ..... O MARKET ..... P ITINERANT DRUG SELLER ..... Q OTHER _____ X (SPECIFY)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL .. A GOVERNMENT HEALTH CENTER ..... B GOVERNMENT HEALTH POST ..... C MOBILE HOSPITAL/CLINIC.. D COMMUNITY BASED AGENT/FIELDWORKER.. E OTHER PUBLIC SECTOR _____ F (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... G MISSION HOSPITAL/CLINIC ..... H PHARMACY ..... I PRIVATE DOCTOR ..... J MOBILE CLINIC ..... K COMMUNITY BASED AGENT/FIELI..... L OTHER PRIVATE MEDICAL SECTOR _____ M (SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... N TRADITIONAL PRACTITIONER ..... O MARKET ..... P ITINERANT DRUG SELLER ..... Q 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>	FIRST PLACE ..... <input type="checkbox"/>	FIRST PLACE ..... <input type="checkbox"/>

SECTION 6. CHILD HEALTH AND NUTRITION

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





SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____
632	CHECK 630: ARTEMISININ COMBINATION THERAPY ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> ↓	CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 634) ←	CODE 'A' CIRCLED <input type="checkbox"/> ↓	CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 634) ←
633	How long after the fever started did (NAME) first take an artemisinin combination therapy (Coartem)?	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	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	CODE 'B' CIRCLED <input type="checkbox"/> ↓	CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 636) ←	CODE 'B' CIRCLED <input type="checkbox"/> ↓	CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 636) ←
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	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	CODE 'C' CIRCLED <input type="checkbox"/> ↓	CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 638) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓	CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 638) ←
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	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	CODE 'D' CIRCLED <input type="checkbox"/> ↓	CODE 'D' NOT CIRCLED <input type="checkbox"/> (SKIP TO 640) ←	CODE 'D' CIRCLED <input type="checkbox"/> ↓	CODE 'D' NOT CIRCLED <input type="checkbox"/> (SKIP TO 640) ←
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	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		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____
640	CHECK 630: QUININE ('E' OR 'F') GIVEN	CODE 'E' OR 'F' CIRCLED <input type="checkbox"/> ↓	CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 642) ←	CODE 'E' OR 'F' CIRCLED <input type="checkbox"/> ↓	CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 642) ←
641	How long after the fever started did (NAME) first take quinine?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	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	CODE 'G' OR 'H' CIRCLED <input type="checkbox"/> ↓	CODE 'G' OR 'H' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 644) ←	CODE 'G' OR 'H' CIRCLED <input type="checkbox"/> ↓	CODE 'G' OR 'H' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 644) ←
643	How long after the fever started did (NAME) first take artesunate?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	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	CODE 'I' CIRCLED <input type="checkbox"/> ↓	CODE 'I' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 646) ←	CODE 'I' CIRCLED <input type="checkbox"/> ↓	CODE 'I' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 646) ←
645	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	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	CHECK 615(a) AND 615(b), ALL COLUMNS:  NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/>	ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/>	649
648	Have you ever heard of a special product called ORS you can get for the treatment of diarrhoea?	YES ..... 1 NO ..... 2	
649	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2016-2018 LIVING WITH THE RESPONDENT  ONE OR MORE <input type="checkbox"/> _____ (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓	NONE <input type="checkbox"/>	701

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
650	<p>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.</p>		
		<p style="text-align: center;">YES                      NO                      DK</p>	
	a) Plain water?	a) ..... 1                      2                      8	
	b) Juice or juice drinks?	b) ..... 1                      2                      8	
	c) Clear broth?	c) ..... 1                      2                      8	
	<p>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'.</p>	<p>d) ..... 1                      2                      8</p> <p style="text-align: center;">NUMBER OF TIMES DRANK <input style="width: 40px; height: 20px;" type="text"/></p>	
	<p>e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>e) ..... 1                      2                      8</p> <p style="text-align: center;">NUMBER OF TIMES DRANK <input style="width: 40px; height: 20px;" type="text"/></p>	
	f) Any other liquids?	f) ..... 1                      2                      8	
	<p>g) Yogurt? IF YES: How many times did (NAME) eat yogurt?  IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>g) ..... 1                      2                      8</p> <p style="text-align: center;">NUMBER OF TIMES ATE <input style="width: 40px; height: 20px;" type="text"/></p>	
	h) Any Provita, Delight, Cerelac, Soya Porridge?	h) ..... 1                      2                      8	
	i) Bread, rice, noodles, porridge, nshima 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) White potatoes, manioc, cassava, or any other foods made from roots?	k) ..... 1                      2                      8	
	l) Any dark green, leafy vegetables, cassava leaves,	l) ..... 1                      2                      8	
	m) Ripe mangoes, paw paw, apricot, watermelon?	m) ..... 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 shellfish?	r) ..... 1                      2                      8	
	s) Any foods made from beans, peas, lentils, or nuts?	s) ..... 1                      2                      8	
	t) Cheese or other food made from milk?	t) ..... 1                      2                      8	
	u) Any caterpillars, other insects or other small protein	u) ..... 1                      2                      8	
	v) Any other solid, semi-solid, or soft food?	v) ..... 1                      2                      8	
651	<p>CHECK 650 (CATEGORIES 'g' THROUGH 'v'): NOT A SINGLE 'YES' <input style="width: 20px; height: 15px;" type="checkbox"/> AT LEAST ONE 'YES' <input style="width: 20px; height: 15px;" type="checkbox"/> →</p>		653

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 FROM 649) 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, semisolid, or soft foods other than liquids 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 ..... 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	→ 704
702	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A MAN ..... 2 NO ..... 3	→ 712
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	→ 709
704	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	
705	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____  LINE NO. .... <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	→ 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	→ 709B
709A	CHECK 703: IS RESPONDENT CURRENTLY CURRENTLY WIDOWED <input type="checkbox"/>	NOT ASKED OR CURRENTLY DIVORCED/SEPARATED <input type="checkbox"/>	→ 709D → 710
709B	CHECK 703: IS RESPONDENT CURRENTLY NOT ASKED <input type="checkbox"/>	CURRENTLY WIDOWED <input type="checkbox"/> CURRENTLY DIVORCED/SEPARATED <input type="checkbox"/>	→ 709D → 710
709C	How did your previous marriage or union end?	DEATH ..... 1 DIVORCE ..... 2 SEPARATION ..... 3	→ 710
709D	To whom did most of your late husband's property go?	RESPONDENT ..... 1 OTHER WIFE ..... 2 SPOUSE'S CHILDREN ..... 3 SPOUSE'S FAMILY ..... 4 NO PROPERTY ..... 5 OTHER _____ 6 (SPECIFY)	→ 710
709E	Did you receive any of your late husband's assets or valuables?	YES ..... 1 NO ..... 2	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
710	<p>CHECK 709:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p align="center">MARRIED/ LIVED WITH A MAN ONLY ONCE ↓ <input type="checkbox"/></p> <p>a) In what month and year did you start living with your (husband/partner)?</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p align="center">MARRIED/ LIVED WITH A MAN MORE THAN ONCE ↓ <input type="checkbox"/></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> </div> </div>	<p>MONTH ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p>	<p align="right">→ 712</p>
711	How old were you when you first started living with him?	<p>AGE ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	<b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>		
713	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE ..... 00  AGE IN YEARS ..... <input type="text"/> <input type="text"/>	→ 713C
713A	CHECK 103: AGE AGE 15-24 <input type="checkbox"/>	AGE 25-49 <input type="checkbox"/>	→ 731
713B	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8	→ 731
713C	CHECK 103: AGE AGE 15-24 <input type="checkbox"/>	AGE 25-49 <input type="checkbox"/>	→ 714
713D	The first time you had sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8	
713E	How old was the person you first had sexual intercourse with?	AGE IN YEARS ..... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	→ 714
713F	Was this person older than you, younger than you, or about the same age as you?	OLDER ..... 1 YOUNGER ..... 2 ABOUT THE SAME AGE ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8	→ 714
713G	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER ..... 1 LESS THAN TEN YEARS OLDER ..... 2 OLDER, UNSURE HOW MUCH ..... 8	
714	I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?  IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ..... 1 WEEKS AGO ..... 2 MONTHS AGO ..... 3 YEARS AGO ..... 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → 716 → 727

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 had sexual intercourse 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"/>	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 had sexual intercourse 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 had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
718	What was your relationship to this person with whom you had sexual intercourse?  IF BOYFRIEND: Were you living together as if married?	HUSBAND ..... 1 LIVE-IN PARTNER ..... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER _____ 6 (SPECIFY)	HUSBAND ..... 1 LIVE-IN PARTNER ..... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER _____ 6 (SPECIFY)	HUSBAND ..... 1 LIVE-IN PARTNER ..... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER _____ 6 (SPECIFY)
719	How long ago did you first have sexual intercourse with this person?	DAYS AGO .. 1 <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 have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, RECORD '95'.	NUMBER OF TIMES ..... <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
721A	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES ..... 1 NO ..... 2 (SKIP TO 722) ←	YES ..... 1 NO ..... 2 (SKIP TO 722) ←	YES ..... 1 NO ..... 2 (SKIP TO 722) ←

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
721B	Were you or your partner drunk at that time?  IF YES: Who was drunk?	RESPONDENT ONLY .. 1 PARTNER ONLY..... 2 BOTH, RESPONDENT AND PARTNER ..... 3 NEITHER ..... 4	RESPONDENT ONLY .. 1 PARTNER ONLY..... 2 BOTH, RESPONDENT AND PARTNER ..... 3 NEITHER ..... 4	RESPONDENT ONLY .. 1 PARTNER ONLY..... 2 BOTH, RESPONDENT AND PARTNER ..... 3 NEITHER ..... 4
722	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 (GO BACK TO 715 IN NEXT COLUMN) NO ..... 2 (SKIP TO 724)	YES ..... 1 (GO BACK TO 715 IN NEXT COLUMN) NO ..... 2 (SKIP TO 724)	
723	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.			NUMBER OF PARTNERS LAST 12 MONTHS .. <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 IN A UNION <input type="checkbox"/> ↓	CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> → 727	
726	In the past 12 months have you had sex or been sexually involved with anyone because he gave you or told you he would give you gifts, cash, or anything else?	YES ..... 1 NO ..... 2	
727	In total, with how many different people have you had sexual intercourse in your lifetime?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME ..... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	
728	CHECK 716, MOST RECENT PARTNER (FIRST COLUMN):  YES, CONDOM USED <input type="checkbox"/> ↓	NO, CONDOM NOT USED <input type="checkbox"/> → 731  NOT ASKED <input type="checkbox"/> → 731	
729	You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time?      IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	MAXIMUM CLASSIC ..... 01 MAXIMUM SCENTED ..... 02 ROUGH RIDER ..... 03 DUREX ..... 04 REALITY ..... 05 PUBLIC SECTOR: UNBRANDED (WHITE COLOUR FOIL) ..... 06  OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
730	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY 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><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>GOVERNMENT HEALTH CENTER ..... 12</p> <p>GOVERNMENT HEALTH POST ..... 13</p> <p>MOBILE CLINIC/HOSPITAL ..... 14</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER ..... 15</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 21</p> <p>MISSION HOSPITAL/CLINIC ..... 22</p> <p>PHARMACY ..... 23</p> <p>PRIVATE DOCTOR ..... 24</p> <p>MOBILE HOSPITAL/CLINIC ..... 25</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER ..... 26</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 27</p> <p align="center">(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... 31</p> <p>CHURCH ..... 32</p> <p>FRIEND/RELATIVE ..... 33</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>													
731	<p>PRESENCE OF OTHERS DURING THIS SECTION.</p>	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>CHILDREN &lt;10 .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>MALE ADULTS .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>FEMALE ADULTS .....</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	CHILDREN <10 .....	1	2	MALE ADULTS .....	1	2	FEMALE ADULTS .....	1	2	
	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 ↓      PREGNANT <input type="checkbox"/> ↓ a) How long would you like to wait from now before the birth of (a/another) child? 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT ..... 994 AFTER MARRIAGE ..... 995 OTHER _____ (SPECIFY) 996 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 CURRENTLY <input type="checkbox"/> 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 →  NOT <input type="checkbox"/> ASKED →	811 811								

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>CHECK 804:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>WANTS NO MORE/NONE <input type="checkbox"/></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>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> <p>Any other reason? _____</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED ..... A</p> <p><b>FERTILITY-RELATED REASONS</b></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><b>OPPOSITION TO USE</b></p> <p>RESPONDENT OPPOSED ..... I</p> <p>HUSBAND/PARTNER OPPOSED ..... J</p> <p>OTHERS OPPOSED ..... K</p> <p>RELIGIOUS PROHIBITION ..... L</p> <p><b>LACK OF KNOWLEDGE</b></p> <p>KNOWS NO METHOD ..... M</p> <p>KNOWS NO SOURCE ..... N</p> <p><b>METHOD-RELATED REASONS</b></p> <p><b>SIDE EFFECTS/HEALTH CONCERNS</b> ..... O</p> <p>LACK OF ACCESS/TOO FAR ..... P</p> <p>COSTS TOO MUCH ..... Q</p> <p><b>PREFERRED METHOD</b></p> <p>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 (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
811	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		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> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>NO LIVING CHILDREN <input type="checkbox"/></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> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE ..... 00</p> <p>NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	815
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>	<p>BOYS      GIRLS      EITHER</p> <p>NUMBER .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (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?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) RADIO .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) TELEVISION .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) MOBILE PHONE .....</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) RADIO .....	1	2	b) TELEVISION .....	1	2	c) NEWSPAPER OR MAGAZINE .....	1	2	d) MOBILE PHONE .....	1	2	
	YES	NO																
a) RADIO .....	1	2																
b) TELEVISION .....	1	2																
c) NEWSPAPER OR MAGAZINE .....	1	2																
d) MOBILE PHONE .....	1	2																
816	In the last six months, have you listened to the following programmes on the radio: a) Your Health Matters? b) Other health related programmes?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) HEALTH MATTERS .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) OTHER _____ (SPECIFY)</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) HEALTH MATTERS .....	1	2	b) OTHER _____ (SPECIFY)	1	2							
	YES	NO																
a) HEALTH MATTERS .....	1	2																
b) OTHER _____ (SPECIFY)	1	2																
816A	In the last six months, have you seen any of the following programmes on television: a) Your Health Matters? b) Other health related programmes?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) HEALTH MATTERS .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) OTHER _____ (SPECIFY)</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) HEALTH MATTERS .....	1	2	b) OTHER _____ (SPECIFY)	1	2							
	YES	NO																
a) HEALTH MATTERS .....	1	2																
b) OTHER _____ (SPECIFY)	1	2																
817	CHECK 701: <table border="0"> <tr> <td align="center">YES, <input type="checkbox"/> CURRENTLY MARRIED ↓</td> <td align="center">YES, <input type="checkbox"/> LIVING WITH A MAN ↓</td> <td align="center">NO, <input type="checkbox"/> NOT IN A UNION →</td> </tr> </table>		YES, <input type="checkbox"/> CURRENTLY MARRIED ↓	YES, <input type="checkbox"/> LIVING WITH A MAN ↓	NO, <input type="checkbox"/> NOT IN A UNION →	901												
YES, <input type="checkbox"/> CURRENTLY MARRIED ↓	YES, <input type="checkbox"/> LIVING WITH A MAN ↓	NO, <input type="checkbox"/> NOT IN A UNION →																
818	CHECK 303: USING A CONTRACEPTIVE METHOD? <table border="0"> <tr> <td align="center">CURRENTLY <input type="checkbox"/> USING ↓</td> <td align="center">NOT CURRENTLY <input type="checkbox"/> USING →</td> </tr> <tr> <td></td> <td align="center">NOT ASKED <input type="checkbox"/> →</td> </tr> </table>		CURRENTLY <input type="checkbox"/> USING ↓	NOT CURRENTLY <input type="checkbox"/> USING →		NOT ASKED <input type="checkbox"/> →	820 822											
CURRENTLY <input type="checkbox"/> USING ↓	NOT CURRENTLY <input type="checkbox"/> USING →																	
	NOT ASKED <input type="checkbox"/> →																	
819	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	<table border="0"> <tr> <td>MAINLY RESPONDENT .....</td> <td align="right">1</td> </tr> <tr> <td>MAINLY HUSBAND/PARTNER .....</td> <td align="right">2</td> </tr> <tr> <td>JOINT DECISION .....</td> <td align="right">3</td> </tr> <tr> <td>OTHER _____ (SPECIFY)</td> <td align="right">6</td> </tr> </table>	MAINLY RESPONDENT .....	1	MAINLY HUSBAND/PARTNER .....	2	JOINT DECISION .....	3	OTHER _____ (SPECIFY)	6	821							
MAINLY RESPONDENT .....	1																	
MAINLY HUSBAND/PARTNER .....	2																	
JOINT DECISION .....	3																	
OTHER _____ (SPECIFY)	6																	
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?	<table border="0"> <tr> <td>MAINLY RESPONDENT .....</td> <td align="right">1</td> </tr> <tr> <td>MAINLY HUSBAND/PARTNER .....</td> <td align="right">2</td> </tr> <tr> <td>JOINT DECISION .....</td> <td align="right">3</td> </tr> <tr> <td>OTHER _____ (SPECIFY)</td> <td align="right">6</td> </tr> </table>	MAINLY RESPONDENT .....	1	MAINLY HUSBAND/PARTNER .....	2	JOINT DECISION .....	3	OTHER _____ (SPECIFY)	6								
MAINLY RESPONDENT .....	1																	
MAINLY HUSBAND/PARTNER .....	2																	
JOINT DECISION .....	3																	
OTHER _____ (SPECIFY)	6																	
821	CHECK 304: <table border="0"> <tr> <td align="center">NEITHER ARE <input type="checkbox"/> STERILIZED ↓</td> <td align="center">HE OR SHE ARE <input type="checkbox"/> STERILIZED →</td> </tr> </table>		NEITHER ARE <input type="checkbox"/> STERILIZED ↓	HE OR SHE ARE <input type="checkbox"/> STERILIZED →	901													
NEITHER ARE <input type="checkbox"/> STERILIZED ↓	HE OR SHE ARE <input type="checkbox"/> STERILIZED →																	
822	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	<table border="0"> <tr> <td>SAME NUMBER .....</td> <td align="right">1</td> </tr> <tr> <td>MORE CHILDREN .....</td> <td align="right">2</td> </tr> <tr> <td>FEWER CHILDREN .....</td> <td align="right">3</td> </tr> <tr> <td>DON'T KNOW .....</td> <td align="right">8</td> </tr> </table>	SAME NUMBER .....	1	MORE CHILDREN .....	2	FEWER CHILDREN .....	3	DON'T KNOW .....	8								
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: primary, secondary, or higher?	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3 DON'T KNOW ..... 8	→ 906
905	What is 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	
923A	Who usually makes decisions about making purchases for daily household needs?	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 border="0"> <thead> <tr> <th></th> <th>PRES./ PRES./ LISTEN.</th> <th>NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN &lt; 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> </tbody> </table>		PRES./ PRES./ LISTEN.	NOT LISTEN.	NOT PRES.	CHILDREN < 10 .....	1	2	3	HUSBAND .....	1	2	3	OTHER MALES .....	1	2	3	OTHER FEMALES .....	1	2	3									
	PRES./ PRES./ LISTEN.	NOT LISTEN.	NOT PRES.																												
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HUSBAND .....	1	2	3																												
OTHER MALES .....	1	2	3																												
OTHER FEMALES .....	1	2	3																												
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations:  a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food? f) If she makes a major household decision without consulting him?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <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> <tr> <td>f) MAJOR DECISION .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </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	f) MAJOR DECISION .....	1	2	8	
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f) MAJOR DECISION .....	1	2	8																												

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																	
1005A	Can people reduce their chance of getting HIV by not having sexual intercourse at all?	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 border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <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> </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; align-items: center;"> <div style="text-align: center;">                     AT LEAST ONE 'YES' <input type="checkbox"/> ↓                 </div> <div style="text-align: center;">                     OTHER <input type="checkbox"/> → 1011                 </div> </div>																		
1010	Are there any special drugs that a health worker 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; align-items: center;"> <div style="text-align: center;">                     LAST BIRTH IN 2016-2018 <input type="checkbox"/> ↓                 </div> <div style="text-align: center;">                     NO BIRTHS <input type="checkbox"/> → 1027                 </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">                     LAST BIRTH IN 2015 OR EARLIER <input type="checkbox"/> → 1027                 </div> </div>																		
1012	CHECK 408 FOR LAST BIRTH:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">                     HAD ANTENATAL CARE <input type="checkbox"/> ↓                 </div> <div style="text-align: center;">                     NO ANTENATAL CARE <input type="checkbox"/> → 1020                 </div> </div>																		
1013	<b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>																		

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
1014	During any of the antenatal visits for your last birth were you given any information about: a) Babies getting HIV from their mother? b) Things that you can do to prevent getting HIV? c) Getting tested for HIV?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) HIV FROM MOTHER ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) THINGS TO DO .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) TESTED FOR HIV .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </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			
	YES	NO	DK																		
a) HIV FROM MOTHER ..	1	2	8																		
b) THINGS TO DO .....	1	2	8																		
c) TESTED FOR HIV .....	1	2	8																		
1015	Were you offered a test for HIV as part of your antenatal care?	YES ..... 1 NO ..... 2																			
1016	I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES ..... 1 NO ..... 2	→ 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)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 GOVERNMENT HEALTH CENTER ..... 12 GOVERNMENT HEALTH POST ..... 13 STAND-ALONE HTC CENTER ..... 14 MOBILE HTC SERVICES ..... 15 OTHER PUBLIC SECTOR ..... 16 _____ (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 MISSION HOSPITAL/CLINIC ..... 22 STAND-ALONE HTC CENTER ..... 23 PHARMACY ..... 24 MOBILE HTC SERVICES ..... 25 OTHER PRIVATE MEDICAL SECTOR ..... 26 _____ (SPECIFY) <b>OTHER SOURCE</b> HOME ..... 31 WORKPLACE ..... 32 CORRECTIONAL FACILITY ..... 33  OTHER ..... 96 _____ (SPECIFY)																			
1018	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	→ 1020																		
1019	All women are supposed to receive counselling after being tested. After you were tested, did you receive counselling?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																			
1019A	Did you disclose your results to any of the following:	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) (Husband/Partner)?</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) Family member?</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) Religious leader?</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) Friend?</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>e) Any other?</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	a) (Husband/Partner)?	1	2	b) Family member?	1	2	c) Religious leader?	1	2	d) Friend?	1	2	e) Any other?	1	2	
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b) Family member?	1	2																			
c) Religious leader?	1	2																			
d) Friend?	1	2																			
e) Any other?	1	2																			
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																		
1023A	Did you disclose your results to any of the following:  a) (Husband/Partner)? b) Family member? c) Religious leader? d) Friend? e) Any other?	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right">YES</td> <td style="text-align:right">NO</td> </tr> <tr> <td>a) HUSBAND/PARTNER .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>b) FAMILY MEMBER .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>c) RELIGIOUS LEADER .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>d) FRIEND .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>e) OTHER .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> </table>		YES	NO	a) HUSBAND/PARTNER .....	1	2	b) FAMILY MEMBER .....	1	2	c) RELIGIOUS LEADER .....	1	2	d) FRIEND .....	1	2	e) OTHER .....	1	2	→ 1025
	YES	NO																			
a) HUSBAND/PARTNER .....	1	2																			
b) FAMILY MEMBER .....	1	2																			
c) RELIGIOUS LEADER .....	1	2																			
d) FRIEND .....	1	2																			
e) OTHER .....	1	2																			
1024	CHECK 1016:  YES <input type="checkbox"/>	NO OR <input type="checkbox"/> NOT ASKED	→ 1027																		
1025	Have you been tested for HIV since that time you were tested during your pregnancy?	YES ..... 1 NO ..... 2	→ 1028																		
1026	How many months ago was your most recent HIV test?	MONTHS AGO ..... <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																		
1029A	Did you disclose your results to any of the following:  a) (Husband/Partner)? b) Family member? c) Religious leader? d) Friend? e) Any other?	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right">YES</td> <td style="text-align:right">NO</td> </tr> <tr> <td>a) HUSBAND/PARTNER .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>b) FAMILY MEMBER .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>c) RELIGIOUS LEADER .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>d) FRIEND .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>e) OTHER .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> </table>		YES	NO	a) HUSBAND/PARTNER .....	1	2	b) FAMILY MEMBER .....	1	2	c) RELIGIOUS LEADER .....	1	2	d) FRIEND .....	1	2	e) OTHER .....	1	2	
	YES	NO																			
a) HUSBAND/PARTNER .....	1	2																			
b) FAMILY MEMBER .....	1	2																			
c) RELIGIOUS LEADER .....	1	2																			
d) FRIEND .....	1	2																			
e) OTHER .....	1	2																			
1030	Where was the test done?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 GOVERNMENT HEALTH CENTER ..... 12 GOVERNMENT HEALTH POST ..... 13 STAND-ALONE HTC CENTER ..... 14 MOBILE HTC SERVICES ..... 15 OTHER PUBLIC SECTOR ..... 16 _____ (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 MISSION HOSPITAL/CLINIC ..... 22 STAND-ALONE HTC CENTER ..... 23 PHARMACY ..... 24 MOBILE HTC SERVICES ..... 25 OTHER PRIVATE MEDICAL SECTOR ..... 26 _____ (SPECIFY) <b>OTHER SOURCE</b> HOME ..... 31 WORKPLACE ..... 32 CORRECTIONAL FACILITY ..... 33  OTHER _____ 96 (SPECIFY)	→ 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)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... A GOVERNMENT HEALTH CENTER ..... B GOVERNMENT HEALTH POST ..... C STAND-ALONE HTC CENTER ..... D MOBILE HTC SERVICES ..... E OTHER PUBLIC SECTOR  _____ F (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... G MISSION HOSPITAL/CLINIC ..... H STAND-ALONE HTC CENTER ..... I PHARMACY ..... J MOBILE HTC SERVICES ..... 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	
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      b) Have you heard about infections that can be transmitted through	YES ..... 1 NO ..... 2	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
	transmitted through sexual contact?	sexual contact?		

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1043	CHECK 713:  HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>	NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>	→ 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 sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1046	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1047	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1048	CHECK 1045, 1046, AND 1047:  HAS HAD AN INFECTION (ANY 'YES') <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)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... A GOVERNMENT HEALTH CENTER ..... B GOVERNMENT HEALTH POST ..... C STAND-ALONE HTC CENTER ..... D MOBILE HTC SERVICES ..... E OTHER PUBLIC SECTOR _____ F (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... G MISSION HOSPITAL/CLINIC ..... H STAND-ALONE HTC CENTER ..... I PHARMACY ..... J MOBILE HTC SERVICES ..... K OTHER PRIVATE MEDICAL SECTOR _____ L (SPECIFY) <b>OTHER SOURCE</b> SHOP ..... M OTHER _____ X (SPECIFY)	
1051	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1052	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 have sexual intercourse?	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 8	
1055	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 8	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
1101	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ..... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00</p>	→ 1104																																				
1102	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ..... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00</p>	→ 1104																																				
1103	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																																					
1104	<p>Do you currently smoke cigarettes every day, some days, or not at all?</p>	<p>EVERY DAY ..... 1</p> <p>SOME DAYS ..... 2</p> <p>NOT AT ALL ..... 3</p>	→ 1106																																				
1105	<p>On average, how many cigarettes do you currently smoke each day?</p>	<p>NUMBER OF CIGARETTES ..... <input type="text"/> <input type="text"/></p>																																					
1106	<p>Do you currently smoke or use any other type of tobacco every day, some days, or not at all?</p>	<p>EVERY DAY ..... 1</p> <p>SOME DAYS ..... 2</p> <p>NOT AT ALL ..... 3</p>	→ 1108																																				
1107	<p>What other type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPES FULL OF TOBACCO ..... A</p> <p>CIGARS OR CIGARILLOS ..... B</p> <p>WATER PIPE (SHISHA) ..... C</p> <p>SNUFF BY MOUTH ..... D</p> <p>SNUFF BY NOSE ..... E</p> <p>CHEWING TOBACCO ..... F</p> <p>OTHER _____ X (SPECIFY)</p>																																					
1108	<p>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:</p>	<table border="0"> <thead> <tr> <th></th> <th></th> <th style="text-align: center;">BIG PROBLEM</th> <th style="text-align: center;">NOT A BIG PROBLEM</th> </tr> </thead> <tbody> <tr> <td>a) Getting permission to go for advice or treatment?</td> <td>a) PERMISSION TO GO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) Getting money needed for advice or treatment?</td> <td>b) GETTING MONEY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) The distance to the health facility?</td> <td>c) DISTANCE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) Not wanting to go alone?</td> <td>d) GO ALONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) Having to take transport?</td> <td>d) TAKE TRANSPORT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) Concern that there may not be any health provider?</td> <td>d) NO PROVIDER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) Concern that there may not be a female health provider?</td> <td>d) NO FEMALE PROVIDER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>h) Rude attitude of health provider?</td> <td>d) RUDE ATTITUDE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>			BIG PROBLEM	NOT A BIG PROBLEM	a) Getting permission to go for advice or treatment?	a) PERMISSION TO GO	1	2	b) Getting money needed for advice or treatment?	b) GETTING MONEY	1	2	c) The distance to the health facility?	c) DISTANCE	1	2	d) Not wanting to go alone?	d) GO ALONE	1	2	e) Having to take transport?	d) TAKE TRANSPORT	1	2	f) Concern that there may not be any health provider?	d) NO PROVIDER	1	2	g) Concern that there may not be a female health provider?	d) NO FEMALE PROVIDER	1	2	h) Rude attitude of health provider?	d) RUDE ATTITUDE	1	2	
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SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1109	Are you covered by any health insurance or health scheme?	YES ..... 1 NO ..... 2	→ 1110A
1110	What type of health insurance or health scheme 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 LOW COST PRE-PAYMENT SCHEME/STANDARD ..... E HIGH COST PRE-PAYMENT SCHEME/PREMIUM ..... F  OTHER _____ X (SPECIFY)	
1110A	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	YES ..... 1 NO ..... 2	→ 1110C
1110B	In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?	YES ..... 1 NO ..... 2	
1110C	Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	YES ..... 1 NO ..... 2	→ 1201
1110D	In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?	YES ..... 1 NO ..... 2	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
1111A	Have you ever undergone a surgical operation in the past 5 years?	YES ..... 1 NO ..... 2	1110C				
1111B	What type of operation was the most recent one?	HERNIA OPERATION ..... 1 CAESAREAN SECTION ..... 2 LAPAROTOMY (Cutting open the abdomen) ..... 3 LUMP REMOVAL ..... 4 ABSCESS DRAINAGE ..... 5 WOUND CLOSURE ..... 6 OPEN FRACTURE ..... 7 OTHER _____ (specify) ..... 8					
1111C	In the last 5 years has a doctor or another healthcare worker told you that you might need (another)	YES ..... 1 NO ..... 2	→ 1111				
1111E	Why you did not access it?  RECORD ALL MENTIONED.	I COULD NOT REACH THE DOCTOR ..... A I COULD NOT AFFORD THE OPERATION ..... B I COULD NOT AFFORD TO GET TO THE HOSPITAL ..... C I COULD NOT AFFORD THE TIME OFF WORK .. D IT WAS TOO FAR TO GET TO THE HOSPITAL .. E I DID NOT TRUST THE OPERATION WOULD MAKE BE BETTER ..... F FEAR OF CARE ..... G OUT OF SHAME ..... H MY SPOUSE/FAMILY WOULD NOT LET ME GO .. I OTHER _____ (specify) ..... X					
1112	RECORD THE TIME.	HOURS ..... <table border="1" data-bbox="1243 1181 1380 1251" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES ..... <table border="1" data-bbox="1243 1256 1380 1327" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					

(1) Add local terms.

(2) If a health service prepayment plan or other types of plans are available in the country, add those types of plans to the question.

SECTION 12: FISTULA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	Sometimes a woman can have a problem of constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after pelvic surgery.  Have you ever experienced a constant leakage of urine or stool from your vagina during the day and night?	YES ..... 1 NO ..... 2	→ 1203
1202	Have you ever heard of this problem?	YES ..... 1 NO ..... 2	→ 1301
1203	Did this problem start after you delivered a baby or had a stillbirth?	AFTER DELIVERED BABY ..... 1 AFTER HAD STILLBIRTH ..... 2 NEITHER ..... 3	→ 1205
1204	Did this problem start after a normal labor and delivery, or after a very difficult labor and delivery?	NORMAL LABOR/DELIVERY ..... 1 VERY DIFFICULT LABOR/DELIVERY ..... 2	→ 1206
1205	What do you think caused this problem?	SEXUAL ASSAULT ..... 1 PELVIC SURGERY ..... 2  OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8	→ 1207
1206	How many days after (CAUSE OF PROBLEM FROM F3 OR F5) did the leakage start?  ENTER '90' IF 90 DAYS OR MORE.	NUMBER OF DAYS AFTER DELIVERY/OTHER EVENT ..... <input type="text"/> <input type="text"/>	
1207	Have you sought treatment for this condition?	YES ..... 1 NO ..... 2	→ 1209
1208	Why have you not sought treatment?  PROBE AND RECORD ALL MENTIONED.	DO NOT KNOW CAN BE FIXED ..... A DO NOT KNOW WHERE TO GO ..... B TOO EXPENSIVE ..... C TOO FAR ..... D POOR QUALITY OF CARE ..... E COULD NOT GET PERMISSION ..... F EMBARRASSMENT ..... G PROBLEM DISAPPEARED ..... H  OTHER _____ X (SPECIFY)	→ 1301
1209	From whom did you last seek treatment?	<b>HEALTH PROFESSIONAL</b> DOCTOR ..... 1 NURSE/MIDWIFE ..... 2 <b>OTHER PERSON</b> COMMUNITY/VILLAGE HEALTH WORKER ..... 3  OTHER _____ 6 (SPECIFY)	
1210	Did you have an operation to fix the problem?	YES ..... 1 NO ..... 2	
1211	Did the treatment stop the leakage completely?  IF NO: Did the treatment reduce the leakage?	YES, STOPPED COMPLETELY ..... 1 NOT STOPPED BUT REDUCED ..... 2 NOT STOPPED AT ALL ..... 3 DID NOT RECEIVE TREATMENT ..... 4	

SECTION 13. ADULT AND MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
1301	<p>Now I would like to ask you some questions about your brothers and sisters born to your natural 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 natural 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 natural mother. DO NOT FILL IN THE ORDER NUMBER YET.</p> <table border="0"> <thead> <tr> <th data-bbox="427 384 514 409">NAME</th> <th data-bbox="802 384 971 409">ORDER NUMBER</th> <th data-bbox="1028 384 1095 409">NAME</th> <th data-bbox="1365 384 1534 409">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"/>																																												
1302	<p>CHECK 1301:</p> <p>ONE OR MORE BROTHERS OR SISTERS LISTED <input type="checkbox"/>      NO BROTHERS OR SISTERS LISTED <input type="checkbox"/></p>	→ 1304																																													
1303	<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 mother that you have not mentioned?</p> <p>NO <input type="checkbox"/>      YES <input type="checkbox"/> → LIST ADDITIONAL BROTHERS AND SISTERS IN 1301.</p>																																														
1304	<p>Sometimes people forget to mention children born to their natural 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 1301.</p>																																														
1305	<p>Sometimes people forget to mention children born to their natural 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 1301.</p>																																														
1306	<p>Some people have brothers or sisters from the same mother but a different father. Are there any brothers or sisters born to your natural mother, but who have a different natural father, that you have not mentioned?</p> <p>NO <input type="checkbox"/>      YES <input type="checkbox"/> → LIST ADDITIONAL BROTHERS AND SISTERS IN 1301.</p>																																														
1307	<p>COUNT THE NUMBER OF BROTHERS AND SISTERS RECORDED IN 1301.</p>	<p>TOTAL BROTHERS AND SISTERS ... <input type="text"/> <input type="text"/></p>																																													

SECTION 13. ADULT AND MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1308	<p>CHECK 1307:</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"/></p> <p style="margin-left: 100px;">↓</p> <p style="margin-left: 200px;">→ PROBE AND CORRECT 1301 AND/OR 1307.</p>		
1309	<p>CHECK 1307:</p> <p>ONE OR MORE <input type="checkbox"/></p> <p style="margin-left: 100px;">↓</p> <p>BROTHERS/SISTERS</p> <p style="margin-left: 200px;">→</p> <p>BROTHER OR SISTER <input type="checkbox"/></p>	1400	
1310	<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 MM01 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>		
1311	<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 13. ADULT AND MATERNAL MORTALITY

1312	LIST THE BROTHERS AND SISTERS ACCORDING TO THE ORDER NUMBER IN 1301. ASK 1313 TO 1324 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.						
1313	NAME OF BROTHER OR SISTER.	(01)	(02)	(03)	(04)	(05)	(06)
1314	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
1315	Is (NAME) still alive?	YES ..... 1 NO ..... 2 GO TO 1317 ← DK ..... 8 GO TO (02) ←	YES ..... 1 NO ..... 2 GO TO 1317 ← DK ..... 8 GO TO (03) ←	YES ..... 1 NO ..... 2 GO TO 1317 ← DK ..... 8 GO TO (04) ←	YES ..... 1 NO ..... 2 GO TO 1317 ← DK ..... 8 GO TO (05) ←	YES ..... 1 NO ..... 2 GO TO 1317 ← DK ..... 8 GO TO (06) ←	YES ..... 1 NO ..... 2 GO TO 1317 ← DK ..... 8 GO TO (07) ←
1316	How old is (NAME)?	<input type="text"/> GO TO (02)	<input type="text"/> GO TO (03)	<input type="text"/> GO TO (04)	<input type="text"/> GO TO (05)	<input type="text"/> GO TO (06)	<input type="text"/> GO TO (07)
1317	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"/>
1318	How old was (NAME) when (he/she) died?  IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.	<input type="text"/>  IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1323	<input type="text"/>  IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1323	<input type="text"/>  IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1323	<input type="text"/>  IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1323	<input type="text"/>  IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1323	<input type="text"/>  IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1323
1319	Was (NAME) pregnant when she died?	YES ..... 1 GO TO 1323 ← NO ..... 2	YES ..... 1 GO TO 1323 ← NO ..... 2	YES ..... 1 GO TO 1323 ← NO ..... 2	YES ..... 1 GO TO 1323 ← NO ..... 2	YES ..... 1 GO TO 1323 ← NO ..... 2	YES ..... 1 GO TO 1323 ← NO ..... 2
1320	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
1321	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ..... 1 NO ..... 2 GO TO 1323 ←	YES ..... 1 NO ..... 2 GO TO 1323 ←	YES ..... 1 NO ..... 2 GO TO 1323 ←	YES ..... 1 NO ..... 2 GO TO 1323 ←	YES ..... 1 NO ..... 2 GO TO 1323 ←	YES ..... 1 NO ..... 2 GO TO 1323 ←
1322	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"/>
1323	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
1324	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 1400.							

SECTION 13. ADULT AND MATERNAL MORTALITY MODULE

1312	LIST THE BROTHERS AND SISTERS ACCORDING TO THE ORDER NUMBER IN 1301. ASK 1313 TO 1324 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.						
1313	NAME OF BROTHER OR SISTER.	(07)	(08)	(09)	(10)	(11)	(12)
1314	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
1315	Is (NAME) still alive?	YES ..... 1 NO ..... 2 GO TO 1317 ← DK ..... 8 GO TO (08) ←	YES ..... 1 NO ..... 2 GO TO 1317 ← DK ..... 8 GO TO (09) ←	YES ..... 1 NO ..... 2 GO TO 1317 ← DK ..... 8 GO TO (10) ←	YES ..... 1 NO ..... 2 GO TO 1317 ← DK ..... 8 GO TO (11) ←	YES ..... 1 NO ..... 2 GO TO 1317 ← DK ..... 8 GO TO (12) ←	YES ..... 1 NO ..... 2 GO TO 1317 ← DK ..... 8 GO TO (13) ←
1316	How old is (NAME)?	<input type="text"/> GO TO (08)	<input type="text"/> GO TO (09)	<input type="text"/> GO TO (10)	<input type="text"/> GO TO (11)	<input type="text"/> GO TO (12)	<input type="text"/> GO TO (13)
1317	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"/>
1318	How old was (NAME) when (he/she) died?  IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.	<input type="text"/>  IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1323	<input type="text"/>  IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1323	<input type="text"/>  IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1323	<input type="text"/>  IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1323	<input type="text"/>  IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1323	<input type="text"/>  IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1323
1319	Was (NAME) pregnant when she died?	YES ..... 1 GO TO 1323 ← NO ..... 2	YES ..... 1 GO TO 1323 ← NO ..... 2	YES ..... 1 GO TO 1323 ← NO ..... 2	YES ..... 1 GO TO 1323 ← NO ..... 2	YES ..... 1 GO TO 1323 ← NO ..... 2	YES ..... 1 GO TO 1323 ← NO ..... 2
1320	Did (NAME) die during childbirth?	YES ..... 1 GO TO 1322A ← 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
1321	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ..... 1 NO ..... 2 GO TO 1323 ←	YES ..... 1 NO ..... 2 GO TO 1323 ←	YES ..... 1 NO ..... 2 GO TO 1323 ←	YES ..... 1 NO ..... 2 GO TO 1323 ←	YES ..... 1 NO ..... 2 GO TO 1323 ←	YES ..... 1 NO ..... 2 GO TO 1323 ←
1322	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"/>
1322A	Did (NAME) die in the hospital?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
1322B	Did (NAME) receive a caesarean section?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
1323	Was (NAME)'s	YES ..... 1	YES ..... 1	YES ..... 1	YES ..... 1	YES ..... 1	YES ..... 1

	death due to an act of violence?	GO TO (08) ← NO ..... 2	GO TO (09) ← NO ..... 2	GO TO (10) ← NO ..... 2	GO TO (11) ← NO ..... 2	GO TO (12) ← NO ..... 2	GO TO (13) ← NO ..... 2
1324	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 1400.							

SECTION 14: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1400	<p>CHECK COVER PAGE: WOMAN SELECTED FOR 14 MODULE?</p> <p>WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/></p>	<p>WOMAN <input type="checkbox"/> → 1433</p> <p>NOT SELECTED</p>																									
1401	<p>CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED ..... 1 ↓</p>	<p>PRIVACY NOT POSSIBLE ..... 2 → 1432</p>																									
1401A	<p>READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in [COUNTRY]. 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>																										
1402	<p>CHECK 701 AND 702:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/PARTNER') <input type="checkbox"/></p>	<p>NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/> → 1416</p>																									
1403	<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="1"> <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	
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NOT MEET FRIENDS ..	1	2	8																								
NO FAMILY .....	1	2	8																								
WHERE YOU ARE .....	1	2	8																								
1404	<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>a) YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) YES 1 NO 2 ↓</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) 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	a) YES 1 NO 2 ↓	→ 1	2	3	b) YES 1 NO 2 ↓	→ 1	2	3	c) YES 1 NO 2 ↓	→ 1	2	3									
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SECTION 14: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																							
1405	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?																																																								
	<table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) push you, shake you, or throw something at you?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) slap you?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) twist your arm or pull your hair?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d) punch you with his fist or with something that could hurt you?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e) kick you, drag you, or beat you up?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>f) try to choke you or burn you on purpose?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>g) threaten or attack you with a knife, gun, or other weapon?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>h) physically force you to have sexual intercourse with him when you did not want to?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>i) physically force you to perform any other sexual acts you did not want to?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>j) force you with threats or in any other way to perform sexual acts you did not want to?</td> <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	a) push you, shake you, or throw something at you?	YES 1 NO 2	→ 1	2	3	b) slap you?	YES 1 NO 2	→ 1	2	3	c) twist your arm or pull your hair?	YES 1 NO 2	→ 1	2	3	d) punch you with his fist or with something that could hurt you?	YES 1 NO 2	→ 1	2	3	e) kick you, drag you, or beat you up?	YES 1 NO 2	→ 1	2	3	f) try to choke you or burn you on purpose?	YES 1 NO 2	→ 1	2	3	g) threaten or attack you with a knife, gun, or other weapon?	YES 1 NO 2	→ 1	2	3	h) physically force you to have sexual intercourse with him when you did not want to?	YES 1 NO 2	→ 1	2	3	i) physically force you to perform any other sexual acts you did not want to?	YES 1 NO 2	→ 1	2	3	j) force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 NO 2	→ 1	2	3		
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1406	CHECK 1405A (a-j):  AT LEAST ONE 'YES' <input type="checkbox"/>	NOT A SINGLE 'YES' <input type="checkbox"/> → 1409																																																								
1407	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																																																								
1408	Did the following ever happen as a result of what your (last) (husband/partner) did to you:  a) You had cuts, bruises, or aches?  b) You had eye injuries, sprains, dislocations, or burns?  c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	<table border="1"> <tbody> <tr> <td>YES .....</td> <td>1</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> <tr> <td>YES .....</td> <td>1</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> <tr> <td>YES .....</td> <td>1</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> </tbody> </table>	YES .....	1	NO .....	2	YES .....	1	NO .....	2	YES .....	1	NO .....	2																																												
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NO .....	2																																																									
1409	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?	<table border="1"> <tbody> <tr> <td>YES .....</td> <td>1</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> </tbody> </table>	YES .....	1	NO .....	2	→ 1411																																																			
YES .....	1																																																									
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1410	In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	<table border="1"> <tbody> <tr> <td>OFTEN .....</td> <td>1</td> </tr> <tr> <td>SOMETIMES .....</td> <td>2</td> </tr> <tr> <td>NOT AT ALL .....</td> <td>3</td> </tr> </tbody> </table>	OFTEN .....	1	SOMETIMES .....	2	NOT AT ALL .....	3																																																		
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SECTION 14: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1411	Does (did) your (last) (husband/partner) drink alcohol?	YES ..... 1 NO ..... 2	→ 1413
1412	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN ..... 1 SOMETIMES ..... 2 NEVER ..... 3	
1413	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	
1414	CHECK 709:  MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONLY ONCE <input type="checkbox"/>		→ 1416
1415	A. So far we have been talking about the behaviour of your (current/last) (husband/partner). Now I want to ask you about the behaviour of any previous (husband/partner).  a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?  b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?  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?	B. How long ago did this last happen?  EVER 0 - 11 MONTHS AGO 12+ MONTHS AGO DON'T REMEMBER  YES 1 NO 2 ↓  YES 1 NO 2 ↓  YES 1 NO 2 ↓	
1416	CHECK 701 AND 702:  EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/>   NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/>  a) From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically? b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	→ 1419
1417	Who has hurt you in this way?  Anyone else?  RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER ..... A FATHER/STEP-FATHER ..... B SISTER/BROTHER ..... C DAUGHTER/SON ..... D OTHER RELATIVE ..... E CURRENT BOYFRIEND ..... F FORMER BOYFRIEND ..... G MOTHER-IN-LAW ..... H FATHER-IN-LAW ..... I OTHER IN-LAW ..... J TEACHER ..... K EMPLOYER/SOMEONE AT WORK ..... L POLICE/SOLDIER ..... M  OTHER _____ X (SPECIFY)	

SECTION 14: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1418	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3	
1419	CHECK 201, 226, AND 230:  EVER BEEN PREGNANT <input type="checkbox"/> (‘YES’ ON 201 OR 226 OR 230) ↓	NEVER BEEN PREGNANT <input type="checkbox"/> → 1422	
1420	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES ..... 1 NO ..... 2	→ 1422
1421	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-FATHEI ..... 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 WORL ..... N POLICE/SOLDIER ..... O  OTHER _____ X (SPECIFY)	
1422	CHECK 701 AND 702:  EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> ↓	NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> → 1422B	
1422A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	→ 1423 → 1424A
1422B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	→ 1426
1423	Who was the person who was forcing you the very first time this happened?	CURRENT HUSBAND/PARTNER ..... 01 FORMER HUSBAND/PARTNE ..... 02 CURRENT/FORMER BOYFRIEND ..... 03 FATHER/STEP-FATHEI ..... 04 BROTHER/STEP-BROTHE ..... 05 OTHER RELATIVE ..... 06 IN-LAW ..... 07 OWN FRIEND/ACQUAINTANC ..... 08 FAMILY FRIEND ..... 09 TEACHER ..... 10 EMPLOYER/SOMEONE AT WORL ..... 11 POLICE/SOLDIER ..... 12 PRIEST/RELIGIOUS LEADER ..... 13 STRANGER ..... 14  OTHER _____ 96 (SPECIFY)	

SECTION 14: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1424	<p>CHECK 701 AND 702:</p> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED/NEVER 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 have sexual intercourse when you did not want to?</p> <p>b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1425
1424A	<p>CHECK 1405A (h-j) and 1415A(b)</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ 1426
1425	<p>CHECK 701 AND 702:</p> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner?</p> <p>b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?</p>	<p>AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
1426	<p>CHECK 1405A (a-j), 1415A (a,b), 1416, 1420, 1422A, AND 1422B:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ 1430
1427	<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>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1429
1428	<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>(SPECIFY)</p>	→ 1430
1429	<p>Have you ever told any one about this?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
1430	<p>As far as you know, did your father ever beat your mother?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	

SECTION 14: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
	THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE																		
1431	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <tr> <td></td> <td align="center">YES, ONCE</td> <td align="center">YES, MORE THAN ONCE</td> <td align="center">NO</td> </tr> <tr> <td>HUSBAND .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>OTHER MALE ADUL.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>FEMALE ADULT .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND .....	1	2	3	OTHER MALE ADUL.....	1	2	3	FEMALE ADULT .....	1	2	3	
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1432	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE.  _____  _____  _____																		
1433	RECORD THE TIME.	<table border="0"> <tr> <td>HOURS .....</td> <td align="center"> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </td> </tr> <tr> <td>MINUTES.....</td> <td align="center"> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </td> </tr> </table>	HOURS .....	<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					MINUTES.....	<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
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INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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EDITOR'S OBSERVATIONS

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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 (2)

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS
  
- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 EMERGENCY CONTRACEPTION
- J STANDARD DAYS METHOD
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
  
- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: 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			
<b>2</b>	09	SEP	04			<b>2</b>
<b>0</b>	08	AUG	05			<b>0</b>
<b>1</b>	07	JUL	06			<b>1</b>
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