

DEMOGRAPHIC AND HEALTH SURVEYS
 WOMAN'S QUESTIONNAIRE

ZAMBIA
 MINISTRY OF HEALTH/ ZAMBIA STATISTICS AGENCY

IDENTIFICATION (1)											
LOCALITY 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 Q.23: WOMAN SELECTED FOR DV MODULE _____											
INTERVIEWER VISITS											
	1	2	3	FINAL VISIT							
DATE	_____	_____	_____	DAY <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>							
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>							
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>							
NEXT VISIT: DATE	_____	_____		INT. NO. <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>							
TIME	_____	_____		RESULT* _____							
				TOTAL NUMBER OF VISITS <table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>							
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____											
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;"><tr><td> </td><td> </td></tr></table> NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td></tr></table> TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 40px; height: 20px;"><tr><td> </td></tr></table>					0	1					
0	1										
LANGUAGE OF QUESTIONNAIRE** ENGLISH											
**LANGUAGE CODES: 01 ENGLISH 04 LOZI 07 NYANJA 02 BEMBA 05 LUNDA 08 TONGA 03 KAONDE 06 LUVALE											
TEAM	TEAM SUPERVISOR										
<table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
NUMBER	NAME										
	NUMBER										

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Ministry of Health in collaboration with Zambia Statistics Agency (ZamStats). We are conducting a survey about health and other topics all over Zambia. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 45 to 90 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1

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



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
102	What province were you born in?	CENTRAL 01 COPPERBELT 02 EASTERN 03 LUAPALA 04 LUSAKA 05 MUCHINGA 06 NORTHERN 07 NORTH WESTERN 08 SOUTHERN 09 WESTERN 10 OUTSIDE OF ZAMBIA 96	→ 104
103	What country were you born in?	COUNTRY _____ <input type="text"/>	
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 110
105	CHECK 104: 00 - 04 YEARS <input type="checkbox"/> 05 YEARS OR MORE <input type="checkbox"/>		→ 107
106	In what month and year did you move here?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	Do you own a mobile phone?	YES 1 NO 2	→ 127
123	Is your mobile phone a smart phone?	YES 1 NO 2	
127	Have you ever used the Internet from any location on any device?	YES 1 NO 2	→ 130
128	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	→ 130
129	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 WEEI 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
130	What is your religion?	CATHOLIC 01 PROTESTANT 02 MUSLIM 03 OTHER _____ 96 <p align="center">(SPECIFY)</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204
203	a) How many sons live with you? IF NONE, RECORD '00'. b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOM <input type="text"/> <input type="text"/> b) DAUGHTERS AT HOM <input type="text"/> <input type="text"/>	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206
205	a) How many sons are alive but do not live with you? IF NONE, RECORD '00'. b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <input type="text"/> <input type="text"/> b) DAUGHTERS ELSEWHERE <input type="text"/> <input type="text"/>	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	→ 208
207	a) How many boys have died? IF NONE, RECORD '00'. b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <input type="text"/> <input type="text"/> b) GIRLS DEAD <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS <input type="text"/> <input type="text"/>	
209	Just to make sure that I have this right: you have had in total (NUMBER OF BIRTHS) births during your life. Is that correct? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>YES</p> <input type="checkbox"/> <p>↓</p> </div> <div style="text-align: center;"> <p>NO</p> <input type="checkbox"/> <p>↓</p> <p>PROBE AND CORRECT 201- 208 AS</p> </div> </div>		
210	Women sometimes have a pregnancy that does not result in a live birth. For example, a pregnancy can end in a miscarriage, an abortion, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	YES 1 NO 2	→ 212
211	How many miscarriages, abortions, and stillbirths have you had?	PREGNANCY LOSSES <input type="text"/> <input type="text"/>	
212	SUM ANSWERS TO 208 AND 211 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL PREGNANCY OUTCOMES .. <input type="text"/> <input type="text"/>	
213	CHECK 212: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE OR MORE PAST PREGNANCIES</p> <input type="checkbox"/> <p>↓</p> </div> <div style="text-align: center;"> <p>NO PAST PREGNANCIES</p> <input type="checkbox"/> <p>→</p> </div> </div>		→ 232

SECTION 2. REPRODUCTION

214 Now I would like to record all your pregnancies including live births, stillbirths, miscarriages, and abortions, starting with your first pregnancy.

PREGNANCY HISTORY LINE NUMBER	215	216	217	218	219	220	221	222
		<p>IF ROW=01:</p> <p>Think back to your first pregnancy. Was that a single pregnancy, twins, or triplets?</p> <p>IF ROW>01:</p> <p>Think back to your next pregnancy. Was that a single pregnancy, twins, or triplets?</p>	<p>IF 215=SING:</p> <p>Was the baby born alive, born dead, or did you have a miscarriage or abortion?</p> <p>IF 215>1:</p> <p>FIRST OF MULT.</p> <p>Was the first baby in this pregnancy born alive or born dead?</p> <p>NEXT MULT.</p> <p>Was the next baby in this pregnancy born alive or born dead?</p>	<p>Did the baby cry, move, or breathe?</p> <p>YES ... 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	<p>What name was given to the baby?</p> <p>RECORD NAME.</p> <p>NAME</p>	<p>Is (NAME IN 218) a boy or a girl?</p> <p>BOY ... 1</p> <p>GIRL ... 2</p>	<p>CHECK 216 AND 217: TYPE OF PREGNANCY OUTCOME.</p> <p>NOTE: IF 217=1, THEN PREGNANCY OUTCOME = BORN ALIVE.</p> <p>IF BORN ALIVE:</p> <p>On what day, month, and year was (NAME IN 218) born?</p> <p>DAY [][]</p> <p>MONTH [][]</p> <p>YEAR [][][][]</p> <p>IF BORN DEAD, MISCARRIAGE:</p> <p>On what day, month, and year did this pregnancy end?</p> <p>DAY [][]</p> <p>MONTH [][]</p> <p>YEAR [][][][]</p>	<p>How long did this pregnancy last in weeks or months?</p> <p>WEEKS 1 [][]</p> <p>MONTHS 2 [][]</p> <p>RECORD IN COMPLETED WEEKS OR MONTHS.</p>
01	<p>SING 1</p> <p>TWINS .. 2</p> <p>TRIP 3</p> <p>QUAD ... 4</p> <p>QUIN 5</p>	<p>BORN ALIVE . 1 (SKIP TO 218)</p> <p>BORN DEAD . 2</p> <p>MISCARRIAGE 3 (SKIP TO 220)</p> <p>ABORTION 4</p>	<p>YES ... 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	NAME	<p>BOY ... 1</p> <p>GIRL ... 2</p>	<p>DAY [][]</p> <p>MONTH [][]</p> <p>YEAR [][][][]</p>	<p>WEEKS 1 [][]</p> <p>MONTHS 2 [][]</p>	<p>YES 1 (ADD PREGNANCY)</p> <p>NO 2 (NEXT ROW)</p>
02	<p>SING 1</p> <p>TWINS .. 2</p> <p>TRIP 3</p> <p>QUAD ... 4</p> <p>QUIN 5</p>	<p>BORN ALIVE . 1 (SKIP TO 218)</p> <p>BORN DEAD . 2</p> <p>MISCARRIAGE 3 (SKIP TO 220)</p> <p>ABORTION 4</p>	<p>YES ... 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	NAME	<p>BOY ... 1</p> <p>GIRL ... 2</p>	<p>DAY [][]</p> <p>MONTH [][]</p> <p>YEAR [][][][]</p>	<p>WEEKS 1 [][]</p> <p>MONTHS 2 [][]</p>	<p>YES 1 (ADD PREGNANCY)</p> <p>NO 2 (NEXT ROW)</p>
03	<p>SING 1</p> <p>TWINS .. 2</p> <p>TRIP 3</p> <p>QUAD ... 4</p> <p>QUIN 5</p>	<p>BORN ALIVE . 1 (SKIP TO 218)</p> <p>BORN DEAD . 2</p> <p>MISCARRIAGE 3 (SKIP TO 220)</p> <p>ABORTION 4</p>	<p>YES ... 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	NAME	<p>BOY ... 1</p> <p>GIRL ... 2</p>	<p>DAY [][]</p> <p>MONTH [][]</p> <p>YEAR [][][][]</p>	<p>WEEKS 1 [][]</p> <p>MONTHS 2 [][]</p>	<p>YES 1 (ADD PREGNANCY)</p> <p>NO 2 (NEXT ROW)</p>
222A	<p>Have you had any pregnancies that ended since the last pregnancy</p> <p>YES 1 → ADD TO TABLE</p> <p>NO 2</p>							
222B	<p>READ THE LIST OF PREGNANCY OUTCOMES IN ORDER TO THE RESPONDENT AND ASK IF THEY ARE ALL THAT SHE HAS EVER HAD, AND IF THEY ARE LISTED IN ORDER STARTING FROM THE FIRST ONE.</p> <p>DOES THE RESPONDENT AGREE?</p> <p>IF NOT, PROBE FOR THE CORRECT INFORMATION AND REVISE THE PREGNANCY HISTORY ACCORDINGLY.</p>							

SECTION 2. REPRODUCTION

PREGNANCY HISTORY LINE NUMBER	223	224	225	226	227	228
	<p>CHECK 216, 217 AND 221:</p> <p>IF 216=1 OR 217=1, THEN PREGNANCY OUTCOME = BORN ALIVE.</p> <p>IF 216=2 OR 3, THEN CHECK 221.</p> <p>IF 221 ≥ 7 MONTHS OR 28 WEEKS, THEN PREGNANCY OUTCOME = BORN DEAD.</p> <p>IF 221 < 7 MONTHS OR 28 WEEKS, FINAL PREGNANCY OUTCOME = MISCARRIAGE.</p> <p>IF 216=4, THEN PREGNANCY OUTCOME = ABORTION.</p>	<p>Is (NAME IN 218) still alive?</p>	<p>IF BORN ALIVE AND STILL LIVING:</p> <p>IF 219=BOY:</p> <p>How old was (NAME IN 218) at his last birthday?</p> <p>RECORD AGE IN COMPLETE D YEARS.</p> <p>IF 219=GIRL:</p> <p>How old was (NAME IN 218) at her last birthday?</p> <p>RECORD AGE IN COMPLETE D YEARS.</p>	<p>Is (NAME IN 218) living with you?</p>	<p>RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.</p>	<p>IF BORN ALIVE AND NOW DEAD:</p> <p>IF 219=BOY:</p> <p>How old was (NAME IN 218) when he died?</p> <p>IF '12 MONTHS' OR '1 YR', ASK: Did (NAME IN 218) have his first birthday?</p> <p>THEN ASK: Exactly how many months old was (NAME IN 218) when he died?</p> <p>RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.</p> <p>IF 219=GIRL:</p> <p>How old was (NAME IN 218) when she died?</p> <p>IF '12 MONTHS' OR '1 YR', ASK: Did (NAME IN 218) have her first birthday?</p> <p>THEN ASK: Exactly how many months old was (NAME IN 218) when she died?</p> <p>RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.</p>
01	<p>BORN ALIVE 1</p> <p>BORN DEAD 2</p> <p>MISCARRIAGE 3</p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 228)</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/></p> <p>(SKIP TO 223 IN NEXT ROW)</p>	<p>DAYS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS 3 <input type="text"/></p> <p>(SKIP TO 223 IN NEXT ROW)</p>
02	<p>BORN ALIVE 1</p> <p>BORN DEAD 2</p> <p>MISCARRIAGE 3</p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 228)</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/></p> <p>(SKIP TO 223 IN NEXT ROW)</p>	<p>DAYS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS 3 <input type="text"/></p> <p>(SKIP TO 223 IN NEXT ROW)</p>
03	<p>BORN ALIVE 1</p> <p>BORN DEAD 2</p> <p>MISCARRIAGE 3</p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 228)</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/></p> <p>(SKIP TO 223 IN NEXT ROW)</p>	<p>DAYS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>YEARS 3 <input type="text"/></p> <p>(SKIP TO 223 IN NEXT ROW)</p>

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
230	<p>COMPARE 212 WITH NUMBER OF PREGNANCY OUTCOMES IN PREGNANCY HISTORY</p> <p>NUMBER IN PREGNANCY HISTORY IS GREATER THAN OR EQUAL TO 212 <input type="checkbox"/></p>	<p>NUMBER IN PREGNANCY HISTORY IS LESS THAN 212 <input type="checkbox"/></p> <p>(PROBE AND RECONCILE) ←</p>	
231	<p>C FOR EACH LIVE BIRTH IN 2018-2023, 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 LIVE BIRTH, 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> <p>FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2018-2023, 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 DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.</p>		
232	Are you pregnant now?	<p>YES 1</p> <p>NO 2</p> <p>UNSURE 8</p>	→ 236
233	<p>How many weeks or months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED WEEKS OR MONTHS.</p> <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p> <p>IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.</p>	<p>WEEKS 1 <input type="text"/></p> <p>MONTHS..... 2 <input type="text"/></p>	
234	When you got pregnant, did you want to get pregnant at that time?	<p>YES 1</p> <p>NO 2</p>	→ 236
235	<p>CHECK 208: TOTAL NUMBER OF LIVE BIRTHS</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>a) Did you want to have a baby later on or did you not want any more children?</p> <p>b) Did you want to have a baby later on or did you not want any children?</p>	<p>LATER 1</p> <p>NO MORE/NONE 2</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
236	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 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><tr><td> </td><td> </td></tr></table> WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 IN MENOPAUSE/HAS HAD HYSTERECTOMY 994 BEFORE LAST PREGNANCY 995 NEVER MENSTRUATED 996									→ 240 → 241
237	CHECK 236: WAS THE LAST MENSTRUAL PERIOD WITHIN THE LAST YEAR? YES, WITHIN <input type="checkbox"/> LAST YEAR ↓ NO, <input type="checkbox"/> ONE YEAR OR MORE		→ 240								
238	During your last menstrual period, what did you use to collect or absorb your menstrual blood? Anything else?	REUSABLE SANITARY PADS A DISPOSABLE SANITARY PADS B TAMPONS C MENSTRUAL CUP D CLOTH E TOILET PAPER F COTTON WOOL G UNDERWEAR ONLY H OTHER _____ X (SPECIFY) NOTHING Y									
239	During your last menstrual period, were you able to wash and change in privacy while at home?	YES 1 NO 2 AWAY FROM HOME DURING LAST MENSTRUAL PERIOD 3									
240	How old were you when you had your first menstrual period?	AGE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98									
241	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	→ 243								
242	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									
243	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	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.		
01	Have you heard of Female Sterilization? PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	Have you heard of Male Sterilization? PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2	
03	Have you heard of IUCD? PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
04	Have you heard of Injectables? PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
05	Have you heard of Implants? PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
06	Have you heard of Pill? PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
07	Have you heard of Male Condom? PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
08	Have you heard of Female Condom? PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
09	Have you heard of Emergency Contraception? PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2	
10	Have you heard of Standard Days Method? PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES 1 NO 2	
11	Have you heard of Lactational Amenorrhea Method (LAM)? PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2	
12	Have you heard of Rhythm Method? PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get	YES 1 NO 2	
13	Have you heard of Withdrawal? PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD A _____ (SPECIFY) YES, TRADITIONAL METHOD B _____ (SPECIFY) NO Y	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 232: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> → 317	
303	Are you or your partner currently doing something or using any method to delay or avoid getting	YES 1 NO 2	→ 307
304	Are you or your partner sterilized? IF YES: Who is sterilized, you or your partner?	YES, RESPONDENT STERILIZED ONLY 1 YES, PARTNER STERILIZED ONLY 2 YES, BOTH STERILIZED 3 NO, NEITHER STERILIZED 4	→ 306
305	CHECK 304: RESPONDENT <input type="checkbox"/> STERILIZED ONLY ↓ PROCEED TO 307. CIRCLE CODE 'A' AND FOLLOW THE SKIP INSTRUCTION.	PARTNER <input type="checkbox"/> STERILIZED ONLY ↓ PROCEED TO 307. CIRCLE CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.	BOTH <input type="checkbox"/> STERILIZED ↓ PROCEED TO 307. CIRCLE CODE 'A' AND CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.
306	Just to check, are you or your partner doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency contraception?	YES 1 NO 2	→ 317
307	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B IUCD C INJECTABLES D IMPLANTS E PILL F MALE CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 312 → 314 → 314 → 310 → 311 → 311A → 314

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308	<p>Now I'm going to show you three pictures. Please point to the picture that best matches what was used the last time you received your injectable.</p> <p>SHOW IMAGES OF SAYANA PRESS, DEPO PROVERA, NORISTERATE, AND REGULAR SYRINGE.</p>	<p>DMPA-SC/SAYANA PRESS 1</p> <p>DEPO PROVERA 2</p> <p>NORISTERATE 3</p> <p>NEEDLE AND SYRINGE 4</p> <p>DON'T KNOW 8</p>	<p>→ 314</p>
309	<p>The last time you received your injectable, did you inject DMPA-SC/Sayana Press yourself or did a health care provider do it for you?</p>	<p>SELF-INJECTION 1</p> <p>INJECTION GIVEN BY HEALTH CARE PROVIDE 2</p> <p>DON'T KNOW 8</p>	<p>→ 314</p>
310	<p>What is the brand name of the pills you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>SAFE PLAN 01</p> <p>MICROGYNON 02</p> <p>MICROLUT 03</p> <p>EUGYNON 04</p> <p>LOGYNON 05</p> <p>NORDETTE 06</p> <p>ORALCON F 07</p> <p>ZINNIA F 08</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 314</p>
311	<p>What is the brand name of the male condoms you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>MAXIMUM 01</p> <p>ROUGH RIDER 02</p> <p>DUREX 03</p> <p>REALITY 04</p> <p>MOODS 05</p> <p>ULTIMATE 06</p> <p>ICON 07</p> <p>LOVE 08</p> <p>PUBLIC SECTOR:</p> <p>UNBRANDED (WHITE COLOR FOIL) 09</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 314</p>
311A	<p>What is the brand name of the female condoms you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>CARE FEMALE CONDOM 01</p> <p>FEMIDOM 02</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 314</p>

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
312	<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, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT HEALTH POST 13</p> <p>MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST 14</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>MISSION HOSPITAL/CLINIC 22</p> <p>PRIVATE DOCTOR'S OFFICE 23</p> <p>MOBILE CLINIC/HOSPITAL 24</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>							
313	<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>→ 315</p>
314	<p>Since what month and year have you been using (METHOD) without stopping?</p> <p>PROBE: For how long have you been using (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>							
315	<p>CHECK 313 AND 314, AND 220: ANY LIVE BIRTH, STILLBIRTH, MISSCARRIAGE OR ABORTION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 313 OR 314?</p> <p>NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/></p>	<p>GO BACK TO 313 OR 314, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY)</p>							

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	<p>CHECK 313 AND 314:</p> <p>YEAR IS 2018-2023 <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>THEN CONTINUE</p>	<p>YEAR IS 2017 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2018.</p> <p>THEN (SKIP TO 329) ←</p>	
317	<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>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2017. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS</p>		C
317A	<p>MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317B	<p>Between (EVENT ONE) in (MONTH/YEAR ONE) and (EVENT TWO) in (MONTH/YEAR TWO), did you or your partner use any method of</p>	<p>YES 1</p> <p>NO 2</p>	→ 317I
317C	<p>Which method was that?</p>	<p>METHOD CODE <input type="text"/></p>	
317D	<p>How many months after (EVENT ONE) in (MONTH/YEAR ONE) did you start to use the (METHOD)?</p> <p>RECORD '95' IF THE RESPONDENT SAYS THE DATE OF STARTING TO USE THE METHOD.</p>	<p>IMMEDIATELY 00</p> <p>MONTHS <input type="text"/> <input type="text"/></p> <p>DATE GIVEN 95</p>	→ 317F
317E	<p>RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317F	<p>For how many months did you use the (METHOD) continuously?</p> <p>RECORD '95' IF RESPONDENT GAVE THE DATE OF TERMINATION OF USE</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DATE GIVEN 95</p>	→ 317H
317G	<p>RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317H	<p>Why did you stop using (METHOD)?</p>	<p>REASON STOPPED <input type="text"/></p>	
317I	<p>GO BACK TO 317A FOR NEXT GAP; OR, IF NO MORE GAPS, GO TO 318.</p>		

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 325
324	When you got sterilized, were you told about side effects or problems you might have with the	YES 1 NO 2	
325	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
326	At that time, were you told about other methods of family planning that you could use?	YES 1 NO 2	
327	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 IUCD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 MALE CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 OTHER MODERN METHOD 95	→ 332
328	At that time, were you told that you could switch to another method if you wanted to or needed to?	YES 1 NO 2	→ 330
329	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUCD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 MALE CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 LACTATIONAL AMENORRHEA METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 332 → 332 → 332

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	<p>Where did you obtain (METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT HEALTH POST 13</p> <p>MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST 14</p> <p>COMMUNITY HEALTH ASSISTANT 15</p> <p>COMMUNITY HEALTH WORKER 16</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 17</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>MISSION HOSPITAL/CLINIC 23</p> <p>PHARMACY 24</p> <p>PRIVATE DOCTOR 25</p> <p>PRIVATE MOBILE CLINIC/HOSPITAL 26</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 27</p> <p align="center">(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>CHURCH 42</p> <p>FRIEND/RELATIVE 43</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
331	Do you know of a place where you can obtain a method of family planning?	<p>YES 1</p> <p>NO 2</p>	
332	In the last 12 months, were you visited by a community health assistant?	<p>YES 1</p> <p>NO 2</p>	→ 334
333	Did the fieldworker talk to you about family planning?	<p>YES 1</p> <p>NO 2</p>	
334	<p>CHECK 202: CHILDREN LIVING WITH</p> <p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>a) In the last 12 months, have you visited a health facility for care for yourself or your children? b) In the last 12 months, have you visited a health facility for care for yourself?</p>	<p>YES 1</p> <p>NO 2</p>	→ 401
335	Did any staff member at the health facility speak to you about family planning methods?	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 220 AND 225: ONE OR MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	601
402	CHECK 220. LIST THE PREGNANCY HISTORY NUMBER IN 215 FOR EACH PREGNANCY OUTCOME 0-35 MONTHS BEFORE THE SURVEY, STARTING FROM THE LAST ONE. CLASSIFY EACH PREGNANCY OUTCOME BY TYPE USING 223 AND THE ORDER OF OUTCOMES IN THE PREGNANCY HISTORY. PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION OR MISCARRIAGE 5		
403	Now I would like to ask some questions about your pregnancies in the last 3 years. We will talk about each separately, starting with the last one you had.		
404	PREGNANCY HISTORY NUMBER FROM 402.	PREGNANCY HISTORY NUMBER..... <input type="text"/>	
405	PREGNANCY OUTCOME TYPE FROM 402.	MOST RECENT LIVE BIRTH..... 1 PRIOR LIVE BIRTH..... 2 MOST RECENT STILLBIRTH..... 3 PRIOR STILLBIRTH..... 4 MISCARRIAGE/ABORTION..... 5	407
406	RECORD DATE PREGNANCY ENDED FROM 220.	DAY..... <input type="text"/> MONTH..... <input type="text"/> YEAR..... <input type="text"/>	408
407	RECORD NAME FROM 218. NAME _____		
408	CHECK 405: PREGNANCY TYPE 1 OR 2 <input type="checkbox"/> PREGNANCY TYPE 3, 4, OR 5 <input type="checkbox"/> a) When you got pregnant with (NAME IN 407), did you want to get pregnant at that time? b) When you got pregnant with the pregnancy that ended in (DATE FROM 406), did you want to get pregnant at that time?	YES..... 1 NO..... 2	411

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
409	Did you want to have a baby later on, or not at all?	LATER 1 NOT AT ALL 2	→ 411								
410	How much longer did you want to wait?	MONTHS 1 <table border="1" data-bbox="1179 237 1317 291"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" data-bbox="1179 291 1317 345"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 998									
411	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION/MISCARRIAGE 5	→ 434 → 434 → 475								
412	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2	→ 414								
413	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <input type="checkbox"/> (SKIP TO 420) ←	MOST RECENT STILLBIRTH <input type="checkbox"/>	→ 426								
414	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B CLINICAL OFFICER C OTHER PERSON COMMUNITY/VILLAGE HEALTH ASSISTANT D TRADITIONAL BIRTH ATTENDANT E COMMUNITY/VILLAGE HEALTH WORKER F OTHER _____ X (SPECIFY)									

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
415	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>HOME</p> <p>HER HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL C</p> <p>GOVERNMENT HEALTH CENTER D</p> <p>GOVERNMENT HEALTH POST E</p> <p>MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST F</p> <p>OTHER PUBLIC SECTOR G</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL H</p> <p>PRIVATE CLINIC I</p> <p>MISSION HOSPITAL/CLINIC J</p> <p>PRIVATE DOCTOR'S OFFICE K</p> <p>PRIVATE MOBILE CLINIC/HOSPITAL L</p> <p>OTHER PRIVATE MEDICAL SECTOR M</p> <p>_____</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL N</p> <p>NGO CLINIC O</p> <p>OTHER NGO MEDICAL SECTOR P</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>_____</p> <p>(SPECIFY)</p>	
416	<p>How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>WEEKS 1 <input type="text"/> <input type="text"/></p> <p>MONTHS 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
417	<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>	
417A	<p>Did you miss any antenatal care visits during this pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 418</p>
417B	<p>How many times?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
417C	What is the main reason why you missed the antenatal care visit(s)?	LOCKDOWN RESTRICTED ACCESS 1 LACK OF TRANSPORTATION 2 CENTERS TOO FAR 3 FEAR OF COVID-19 4 FAMILY MEMBER OPPOSED 5 COSTS TOO MUCH 6 OTHER WORK/ NO TIME 7 OTHER _____ 9 (SPECIFY)																																									
418	As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following: a) Measure your blood pressure? b) Take a urine sample? c) Take a blood sample? d) Listen to the baby's heartbeat? e) Talk with you about which foods or how much food you should eat? f) Talk with you about breastfeeding? g) Ask you if you had vaginal bleeding? h) Take your weight? i) Talk to you about health, diet, and physical	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> <th align="center">DK</th> </tr> </thead> <tbody> <tr> <td>a) BP</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) URINE</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) BLOOD</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) HEARTBEAT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e) FOODS</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>f) BREASTFEED</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>g) BLEEDING</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>h) WEIGHT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>i) HEALTH, DIET, AND PHYSICAL ACTIVITY</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </tbody> </table>		YES	NO	DK	a) BP	1	2	8	b) URINE	1	2	8	c) BLOOD	1	2	8	d) HEARTBEAT	1	2	8	e) FOODS	1	2	8	f) BREASTFEED	1	2	8	g) BLEEDING	1	2	8	h) WEIGHT	1	2	8	i) HEALTH, DIET, AND PHYSICAL ACTIVITY	1	2	8	
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419	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <input type="checkbox"/>	MOST RECENT <input type="checkbox"/> STILLBIRTH	→ 426																																								
420	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus after birth?	YES 1 NO 2 DON'T KNOW 8	→ 423																																								
421	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8																																									

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
422	CHECK 421: ONE TIME <input type="checkbox"/> OR DK ↓	TWO OR MORE TIMES <input type="checkbox"/> →	426
423	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 DON'T KNOW 8	→ 426
424	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8	
425	CHECK 424: ONLY <input type="checkbox"/> ONE ↓ MORE <input type="checkbox"/> THAN ONE ↓ a) How many years ago did you receive that tetanus injection? b) How many years ago did you receive the last tetanus injection prior to this	YEARS AGO <input type="text"/> <input type="text"/>	
426	During this pregnancy, were you given or did you buy any iron tablets, iron syrup, or combined iron folic acid and iron tablets? SHOW TABLETS/SYRUP/MULTIPLE MICRONUTRIENT SUPPLEMENT/ IRON/ FOLIC ACID TABLET	YES 1 NO 2 DON'T KNOW 8	→ 429

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
427	<p>Where did you get the iron tablets, iron syrup, or combined iron folic acid and iron tablets?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT HEALTH POST C</p> <p>MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST D</p> <p>COMMUNITY HEALTH ASSISTANT E</p> <p>COMMUNITY HEALTH WORKER F</p> <p>OTHER PUBLIC SECTOR G</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL H</p> <p>PRIVATE CLINIC I</p> <p>MISSION HOSPITAL/CLINIC J</p> <p>PHARMACY K</p> <p>PRIVATE DOCTOR L</p> <p>PRIVATE MOBILE CLINIC/ HOSPITAL M</p> <p>COMMUNITY HEALTH ASSISTANT N</p> <p>COMMUNITY HEALTH WORKER O</p> <p>OTHER PRIVATE MEDICAL SECTOR P</p> <p>_____</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL Q</p> <p>NGO CLINIC R</p> <p>OTHER NGO MEDICAL SECTOR S</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP T</p> <p>MARKET U</p> <p>MASS DISTRIBUTION CAMPAIGN V</p> <p>OTHER X</p> <p>_____</p> <p>(SPECIFY)</p>	
428	<p>During the whole pregnancy, for how many days did you take the iron tablets or syrup?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.</p>	<p>DAYS <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p> <p>DON'T KNOW 998</p>	
429	<p>During this pregnancy, did you take any medicine for intestinal worms?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
430	<p>During this pregnancy, did you receive food or cash assistance through Social Cash Transfer, Support Women Livelihood, or Food Security Pack?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
431	<p>During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 434</p>
432	<p>How many times did you take SP/Fansidar during this pregnancy?</p>	<p>TIMES <input type="text" value=""/><input type="text" value=""/></p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
433	<p>Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source?</p> <p>IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.</p>	<p>ANTENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 6</p>	
434	<p>CHECK 405:</p> <p>PREGNANCY TYPE 1 OR 2 <input type="checkbox"/> PREGNANCY TYPE 3 OR 4 <input type="checkbox"/></p> <p>a) Who assisted with the delivery of (NAME IN 407)? 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.</p> <p>b) Who assisted with the delivery of the stillbirth you had in (DATE FROM 406)? 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.</p>	<p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B CLINICAL OFFICER C</p> <p>OTHER PERSON COMMUNITY/VILLAGE HEALTH ASSISTANT D TRADITIONAL BIRTH ATTENDANT E COMMUNITY/VILLAGE HEALTH WORKER F RELATIVE/FRIEND G</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE ASSISTED Y</p>	
435	<p>CHECK 405:</p> <p>PREGNANCY TYPE 1 OR 2 <input type="checkbox"/> PREGNANCY TYPE 3 OR 4 <input type="checkbox"/></p> <p>a) Where did you give birth to (NAME IN 407)? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p> <p>b) Where did you deliver this stillbirth? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME HER HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT HEALTH CENTER 22 GOVERNMENT HEALTH POST 23 MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST 24 OTHER PUBLIC SECTOR 26 _____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 MISSION HOSPITAL/CLINIC 33 PRIVATE DOCTOR'S OFFICE 34 PRIVATE MOBILE CLINIC/HOSPITAL 35 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY)</p> <p>NGO MEDICAL SECTOR NGO HOSPITAL 41 NGO CLINIC 42 OTHER NGO MEDICAL SECTOR 46 _____ (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 437</p> <p>→ 437</p>

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
436	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="checkbox"/> PREGNANCY TYPE <input type="checkbox"/> 1 OR 2 3 OR 4</p> <p>a) Was (NAME IN 407) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p> <p>b) Was this stillbirth delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES 1</p> <p>NO 2</p>	
437	CHECK 405: PREGNANCY OUTCOME TYPE	<p>MOST RECENT LIVE BIRTH 1</p> <p>PRIOR LIVE BIRTH 2</p> <p>MOST RECENT STILLBIRTH 3</p> <p>PRIOR STILLBIRTH 4</p>	<p>→ 441</p> <p>→ 445</p> <p>→ 487</p>
438	After the birth, was (NAME IN 407) put on your chest?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 441
439	Was (NAME IN 407)'s bare skin touching your bare skin?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 441
440	<p>How long after birth was (NAME IN 407) put on the bare skin of your chest?</p> <p>PROBE FOR A NUMERIC RESPONSE. IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF 24 HOURS OR MORE, RECORD 24.</p>	<p>IMMEDIATELY 00</p> <p>HOURS <input type="text"/> <input type="text"/></p>	
441	When (NAME IN 407) was born, was (NAME IN 407) very large, larger than average, average, smaller than average, or very small?	<p>VERY LARGE 1</p> <p>LARGER THAN AVERAG..... 2</p> <p>AVERAGE 3</p> <p>SMALLER THAN AVERAGE 4</p> <p>VERY SMALL 5</p> <p>DON'T KNOW 8</p>	<p>→ 442</p> <p>→ 442</p>
441A	Was the baby placed in the incubator/ put in the warm skin to skin care?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
442	Was (NAME IN 407) weighed at birth?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 444
443	<p>How much did (NAME IN 407) weigh?</p> <p>RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.</p>	<p>KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>KG FROM RECALI 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 99998</p>	
444	CHECK 405: PREGNANCY OUTCOME TYPE	<p>MOST RECENT LIVE BIRTH <input type="checkbox"/></p> <p>PRIOR LIVE BIRTH <input type="checkbox"/></p>	→ 480
445	CHECK 435: PLACE OF DELIVERY	<p>FACILITY BIRTH: ANY CODE 21 THROUGH 46 CIRCLED <input type="checkbox"/></p> <p>CODE 11, 12, OR 96 CIRCLED <input type="checkbox"/></p>	→ 464

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
454	Who checked on (NAME IN 407)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 CLINICAL OFFICER 13 OTHER PERSON COMMUNITY/VILLAGE HEALTH ASSISTANT 21 TRADITIONAL BIRTH ATTENDANT 22 COMMUNITY/VILLAGE HEALTH WORKER 23 OTHER 96 _____ (SPECIFY)							
454A	Was your baby born with any physical abnormality?	YES 1 NO 2							
455	Now I would like 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	→ 459						
456	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="1175 806 1315 860"> <tr><td> </td><td> </td></tr> </table> DAYS 2 <table border="1" data-bbox="1175 867 1315 921"> <tr><td> </td><td> </td></tr> </table> WEEKS 3 <table border="1" data-bbox="1175 929 1315 983"> <tr><td> </td><td> </td></tr> </table> DON'T KNOW 998							
457	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 CLINICAL OFFICER 13 OTHER PERSON COMMUNITY/VILLAGE HEALTH ASSISTANT 21 TRADITIONAL BIRTH ATTENDANT 22 COMMUNITY/VILLAGE HEALTH WORKER 23 OTHER 96 _____ (SPECIFY)							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
458	<p>Where did the check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT HEALTH POST 23</p> <p>MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST 24</p> <p>OTHER PUBLIC SECTOR 26</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>MISSION HOSPITAL/CLINIC 33</p> <p>PRIVATE DOCTOR'S OFFICE 34</p> <p>PRIVATE MOBILE CLINIC/HOSPITAL 35</p> <p>OTHER PRIVATE MEDICAL SECTOR 36</p> <p>_____ (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 41</p> <p>NGO CLINIC 42</p> <p>OTHER NGO MEDICAL SECTOR 46</p> <p>_____ (SPECIFY)</p> <p>OTHER 96</p> <p>_____ (SPECIFY)</p>							
459	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT LIVE BIRTH <input type="checkbox"/></p>	<p>MOST RECENT STILLBIRTH <input type="checkbox"/></p>	<p>→ 474</p>						
460	<p>After (NAME IN 407) left the (FACILITY IN 435) did any health care provider or a traditional birth attendant check on (NAME IN 407)'s health?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 473</p>						
461	<p>How long after the birth of (NAME IN 407) 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</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p> <table border="1" data-bbox="1179 1437 1317 1608"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
462	Who checked on (NAME IN 407)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR..... 11 NURSE/MIDWIFE 12 CLINICAL OFFICER 13 OTHER PERSON COMMUNITY/VILLAGE HEALTH ASSISTANT 21 TRADITIONAL BIRTH ATTENDANT 22 COMMUNITY/VILLAGE HEALTH WORKER 23 OTHER 96 <hr/> (SPECIFY)	
463	Where did this check of (NAME IN 407) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT HEALTH CENTER 22 GOVERNMENT HEALTH POST 23 MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST 24 OTHER PUBLIC SECTOR 26 <hr/> (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 MISSION HOSPITAL/CLINIC 33 PRIVATE DOCTOR'S OFFICE 34 PRIVATE MOBILE CLINIC/HOSPITAL 35 OTHER PRIVATE MEDICAL SECTOR 36 <hr/> (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL 41 NGO CLINIC 42 OTHER NGO MEDICAL SECTOR 46 <hr/> (SPECIFY) OTHER 96 <hr/> (SPECIFY)	→ 473

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
464	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="checkbox"/> 1 PREGNANCY TYPE <input type="checkbox"/> 3</p> <p>a) 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 IN 407)?</p> <p>b) 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 delivered the stillbirth you had in (DATE FROM 406)?</p>	<p>YES 1</p> <p>NO 2</p>	→ 468						
465	<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</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	<table border="1" data-bbox="1179 684 1317 856"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
466	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE 12</p> <p>CLINICAL OFFICER 13</p> <p>OTHER PERSON</p> <p>COMMUNITY/VILLAGE HEALTH ASSISTANT 21</p> <p>TRADITIONAL BIRTH ATTENDANT 22</p> <p>COMMUNITY/VILLAGE HEALTH WORKER 23</p> <p>OTHER 96</p> <p>_____</p> <p>(SPECIFY)</p>							
467	<p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT HEALTH POST 23</p> <p>MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST 24</p> <p>OTHER PUBLIC SECTOR 26</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>MISSION HOSPITAL/CLINIC 33</p> <p>PRIVATE DOCTOR'S OFFICE 34</p> <p>PRIVATE MOBILE CLINIC/HOSPITAL 35</p> <p>OTHER PRIVATE MEDICAL SECTOR 36</p> <p>_____</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 41</p> <p>NGO CLINIC 42</p> <p>OTHER NGO MEDICAL SECTOR 46</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>_____</p> <p>(SPECIFY)</p>							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
468	<p align="center">CHECK 405: PREGNANCY OUTCOME TYPE</p> <p align="center"> MOST RECENT <input type="checkbox"/> LIVE BIRTH ↓ </p>	<p align="center"> MOST RECENT <input type="checkbox"/> → 474 STILLBIRTH </p>	
469	<p>I would like to talk to you about checks on (NAME IN 407)'s health -- for example, someone examining (NAME IN 407), checking the cord, or talking to you about how to care for (NAME IN 407).</p> <p>After (NAME IN 407) was born, did any health care provider or a traditional birth attendant check on (NAME IN 407)'s health?</p>	<p> YES 1 NO 2 DON'T KNOW 8 </p>	→ 473
470	<p>How long after the birth of (NAME IN 407) 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 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/> WEEKS 3 <input type="text"/> <input type="text"/> DON'T KNOW 998 </p>	
471	<p>Who checked on (NAME IN 407)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p> DOCTOR 11 NURSE/MIDWIFE 12 CLINICAL OFFICER 13 </p> <p>OTHER PERSON</p> <p> COMMUNITY/VILLAGE HEALTH ASSISTANT 21 TRADITIONAL BIRTH ATTENDANT 22 COMMUNITY/VILLAGE HEALTH WORKER 23 OTHER _____ 96 (SPECIFY) </p>	
472	<p>Where did this first check of (NAME IN 407) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p> HER HOME 11 OTHER HOME 12 </p> <p>PUBLIC SECTOR</p> <p> GOVERNMENT HOSPITAL 21 GOVERNMENT HEALTH CENTER 22 GOVERNMENT HEALTH POST 23 MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST 24 OTHER PUBLIC SECTOR 26 _____ (SPECIFY) </p> <p>PRIVATE MEDICAL SECTOR</p> <p> PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 MISSION HOSPITAL/CLINIC 33 PRIVATE DOCTOR'S OFFICE 34 PRIVATE MOBILE CLINIC/HOSPITAL 35 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) </p> <p>NGO MEDICAL SECTOR</p> <p> NGO HOSPITAL 41 NGO CLINIC 42 </p> <p> OTHER NGO MEDICAL SECTOR 46 _____ (SPECIFY) </p> <p> OTHER _____ 96 (SPECIFY) </p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
481	CHECK 224 FOR CHILD:	LIVING <input type="checkbox"/> → DEAD <input type="checkbox"/> →	486 487								
482	How long after birth did you first put (NAME IN 407) 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 <table border="1" data-bbox="1173 331 1315 390"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> DAYS 2 <table border="1" data-bbox="1173 390 1315 449"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
483	In the first 2 days after delivery, was [NAME] given anything other than breastmilk to eat or drink – anything at all like water, infant formula, or traditional drink (like sip sip, mahau)?	YES 1 NO 2									
484	CHECK 224 FOR CHILD:	LIVING <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> →	487								
485	Are you still breastfeeding (NAME IN 407)?	YES 1 NO 2									
486	Did (NAME IN 407) drink anything from a bottle with a nipple yesterday during the day or at night?	YES 1 NO 2 DON'T KNOW 8									
487	CHECK 402: ANY MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY? MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> ↓ (GO TO 404 FOR THE NEXT PREGNANCY OUTCOME) ←	NO MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> →	501								

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 220, 224 AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 601	
502	Now I would like to ask some questions about vaccinations received by your children born in the last 3 years. We will talk about each separately, starting with the youngest.		
503	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF THE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER ... <input type="text"/> <input type="text"/>		
504	Do you have a card or other document where (NAME IN 503)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY ANOTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT .. 4	→ 507 → 507
505	Did you ever have a vaccination card for (NAME IN 503)?	YES 1 NO 2	
506	CHECK 504: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/> → 513		
507	May I see the card or other document where (NAME IN 503)'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	→ 513
508	RECORD (NAME'S) DATE OF BIRTH FROM THE VACCINATION CARD OR OTHER DOCUMENT. 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"/> DATE OF BIRTH NOT ON CARD 95		

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE <input type="text"/> <input type="text"/>	
512	<p>In addition to what is recorded on (this document/these documents), did (NAME IN 503) 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 509 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (USE THE LIST SHOWN IN CAPI TO SELECT THE OTHER VACCINATIONS GIVEN. NOTE THAT CAPI WILL CHANGE THE ANSWER IN 509 IN THE 'DAY' COLUMN FROM '00' TO '66' FOR THE SELECTED VACCINATIONS.) (THEN SKIP TO 529) ←</p> <p>NO 2 DON'T KNOW 8</p>	
512A	<p>CHECK 509: ANY VACCINATIONS RECORDED ON THE CARD?</p> <p>YES <input type="checkbox"/> → SKIP TO 529 ←</p> <p>NO <input type="checkbox"/> → 529A</p>		
513	<p>Did (NAME IN 503) ever receive any vaccinations to prevent (NAME IN 503) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 529A
514	<p>Has (NAME IN 503) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	
517	<p>Has (NAME IN 503) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 521
518	<p>Did (NAME IN 503) receive the first oral polio vaccine in the first 2 weeks after birth or later?</p>	<p>FIRST TWO WEEKS 1 LATER 2</p>	
519	<p>How many times did (NAME IN 503) receive the oral polio vaccine?</p>	<p>NUMBER OF TIMES <input type="text"/></p>	
520	<p>The last time (NAME IN 503) received the polio drops, did (NAME IN 503) also get an IPV injection in the thigh to protect against polio?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	
521	<p>Has (NAME IN 503) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 523
522	<p>How many times did (NAME IN 503) receive the pentavalent vaccine?</p>	<p>NUMBER OF TIMES <input type="text"/></p>	
523	<p>Has (NAME IN 503) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 525

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE <input type="text"/> <input type="text"/>	
529A	<p>Why has (NAME) not received any vaccinations? Anything else?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>DIFFICULTY GETTING TO VACCINATION CENTER OR FACILITY A</p> <p>VACCINE STOCKOUT B</p> <p>OTHER ISSUES WITH IMMUNIZATION POINT OR FACILITY C</p> <p>UNAWARE OF NEED FOR IMMUNIZATIO D</p> <p>COSTS TOO MUCH E</p> <p>TOO MUCH WORK/ CAREGIVER OCCUPIED F</p> <p>FAMILY MEMBER OPPOSEL G</p> <p>SCARED/ DISTRUSTFUL OF VACCINES H</p> <p>LOCKDOWN RESTRICTED ACCESS I</p> <p>FEAR OF COVID-19 J</p> <p>OTHER HEALTH CONDITIONS K</p> <p>VIOLENCE L</p> <p>OTHER _____ X (SPECIFY)</p>	
530	<p>CHECK 220 AND 224 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY?</p> <p>MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>(GO TO 503 FOR THE NEXT SURVIVING CHILD) ←</p>	<p>NO MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p>	→ 601

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<p>CHECK 220, 224, AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?</p> <p>ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p>		643
602	<p>Now I would like to ask some questions about the health of your children born in the last 5 years. We will talk about each separately, starting with the youngest.</p>		
603	<p>RECORD THE NAME FROM 218 AND PREGNANCY HISTORY NUMBER FROM 215 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE.</p> <p>NAME OF CHILD _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/></p>		
603A	<p>CHECK 485 CURRENTLY BREASTFEEDING:</p> <p>NOT ASKED <input type="checkbox"/></p>	<p>CURRENTLY BREASTFEEDING (CODE 1) <input type="checkbox"/></p> <p>NOT CURRENTLY BREASTFEEDING (CODE 2) <input type="checkbox"/></p>	604 603E
603B	<p>CHECK AGE</p> <p>CHILD BORN 36-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>CHILD BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p>		604
603C	<p>Did you ever breastfeed (NAME IN 603)?</p>	<p>YES 1</p> <p>NO 2</p>	604
603D	<p>Are you still breastfeeding (NAME IN 603)?</p>	<p>YES 1</p> <p>NO 2</p>	604
603E	<p>Has (NAME IN 603) been tested for HIV since (he/she) stopped breastfeeding?</p>	<p>YES 1</p> <p>..... 2</p>	603H
603F	<p>Did you receive the results of this test?</p>	<p>YES 1</p> <p>NO 2</p>	
603G	<p>What were the results of the test?</p>	<p>POSITIVE 1</p> <p>NEGATIVE 2</p> <p>INDETERMINATE 3</p> <p>DECLINED TO ANSWER 4</p>	
603H	<p>Have you been tested for HIV since you stopped breastfeeding (NAME IN 603)?</p>	<p>YES 1</p> <p>NO 2</p>	604
603I	<p>Did you receive the results of this test?</p>	<p>YES 1</p> <p>NO 2</p>	

604	<p>In the last 12 months, was (NAME IN 603) given any of the following:</p> <p>a) Iron tablets or syrup?</p> <p>SHOW COMMON TYPES OF TABLETS/SYRUPS.</p> <p>b) Ready to use therapeutic food such as HEPS?</p> <p>SHOW COMMON TYPES OF MULTIPLE MICRONUTRIENT POWDERS</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a) TABLETS/SYRUP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b) HEPS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	a) TABLETS/SYRUP	1	2	8	b) HEPS	1	2	8					
	YES	NO	DK																
a) TABLETS/SYRUP	1	2	8																
b) HEPS	1	2	8																
605	<p>In the last 6 months, was (NAME IN 603) given a vitamin A dose like [this/any of these]?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8											
YES	1																		
NO	2																		
DON'T KNOW	8																		
606	<p>In the last 6 months, was (NAME IN 603) given any medicine for intestinal worms?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8											
YES	1																		
NO	2																		
DON'T KNOW	8																		
607	<p>In the last 3 months, has any healthcare provider or community health assistant measured:</p> <p>a) (NAME IN 603)'s weight?</p> <p>b) (NAME IN 603)'s length or height?</p> <p>c) Around (NAME IN 603)'s upper arm?</p> <p>SHOW IMAGE OF MUAC TAPE.</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a) WEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b) LENGTH/HEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c) UPPER ARM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	a) WEIGHT	1	2	8	b) LENGTH/HEIGHT	1	2	8	c) UPPER ARM	1	2	8	
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a) WEIGHT	1	2	8																
b) LENGTH/HEIGHT	1	2	8																
c) UPPER ARM	1	2	8																
608	<p>Has (NAME IN 603) had diarrhea in the last 2 weeks?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> → 618										
YES	1																		
NO	2																		
DON'T KNOW	8																		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE. . . . <input type="text"/> <input type="text"/>																	
612	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITA. A GOVERNMENT HEALTH CENTER B GOVERNMENT HEALTH POST C MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST D COMMUNITY HEALTH ASSISTANT E COMMUNITY HEALTH WORKER F OTHER PUBLIC SECTOR G</p> <p align="center">_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL H PRIVATE CLINIC I MISSION HOSPITAL/CLINIC J PHARMACY K PRIVATE DOCTOR L PRIVATE MOBILE CLINIC/HOSPITAL M COMMUNITY HEALTH ASSISTANT N COMMUNITY HEALTH WORKER O OTHER PRIVATE MEDICAL SECTOR P</p> <p align="center">_____ (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL Q NGO CLINIC R OTHER NGO MEDICAL SECTOR S</p> <p align="center">_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP T TRADITIONAL PRACTITIONER U MARKET V ITINERANT MEDICINE SELLER W</p> <p>OTHER _____ X</p> <p align="center">_____ (SPECIFY)</p>																	
613	<p>CHECK 612:</p> <p align="center">TWO OR MORE CODES CIRCLED <input type="checkbox"/></p>	<p align="center">ONLY ONE CODE CIRCLED <input type="checkbox"/> → 614A</p>																	
614	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 612.</p>	<p>FIRST PLACE <input type="text"/></p>																	
614A	<p>How many days after the diarrhea began did you first seek advice or treatment for (NAME)?</p> <p>IF THE SAME DAY, RECORD '00'.</p>	<p>DAYS <input type="text"/> <input type="text"/></p>																	
615	<p>Was (NAME IN 603) given any of the following at any time since (NAME IN 603) started having the</p> <p>a) A fluid made from a special packet commonly called Manzi Ya Moyo?</p> <p>c) Zinc tablets or syrup?</p> <p>d) A government-recommended homemade fluid?</p>	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> <th align="center">DK</th> </tr> </thead> <tbody> <tr> <td>a) FLUID FROM ORS PACKET</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) ZINC</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) HOMEMADE FLUID</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </tbody> </table>		YES	NO	DK	a) FLUID FROM ORS PACKET	1	2	8	c) ZINC	1	2	8	d) HOMEMADE FLUID	1	2	8	
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SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE. . . . <input type="text"/> <input type="text"/>	
616	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/></p> <p>a) Was anything else given to treat the diarrhea?</p> <p>ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>b) Was anything given to treat the diarrhea?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 618
617	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/></p> <p>a) What else was given to treat the diarrhea?</p> <p>Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p> <p>ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>b) What was given to treat the diarrhea?</p> <p>Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p>PILL OR SYRUP</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>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/HERBAL MEDICIN. I</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
618	Has (NAME IN 603) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 621
619	At any time during the illness, did (NAME IN 603) have blood taken from (NAME IN 603)'s finger or heel for testing?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
620	Were you told by a healthcare provider that (NAME IN 603) had malaria?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
621	Has (NAME IN 603) had an illness with a cough at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
622	Has (NAME IN 603) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 624
623	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	<p>CHEST ONLY 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER _____ 6</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 8</p>	→ 625
624	<p>CHECK 618: HAD FEVER?</p> <p>YES <input type="checkbox"/></p> <p>NO OR DON'T KNOW <input type="checkbox"/></p>		→ 634
625	Did you seek advice or treatment for the illness from any source?	<p>YES 1</p> <p>NO 2</p>	→ 630

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE. . . . <input type="text"/> <input type="text"/>	
626	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT HEALTH POST C</p> <p>MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST D</p> <p>COMMUNITY HEALTH ASSISTANT E</p> <p>COMMUNITY HEALTH WORKER F</p> <p>OTHER PUBLIC SECTOR G</p> <p>SECTOR _____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL H</p> <p>PRIVATE CLINIC I</p> <p>MISSION HOSPITAL/ CLINIC J</p> <p>PHARMACY K</p> <p>PRIVATE DOCTOR L</p> <p>PRIVATE MOBILE CLINIC/HOSPITAL M</p> <p>COMMUNITY HEALTH ASSISTANT N</p> <p>COMMUNITY HEALTH WORKER O</p> <p>OTHER PRIVATE MEDICAL SECTOR P</p> <p>_____ (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL Q</p> <p>NGO CLINIC R</p> <p>OTHER NGO MEDICAL SECTOR S</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP T</p> <p>TRADITIONAL PRACTITIONER U</p> <p>MARKET V</p> <p>ITINERANT MEDICINE SELLER W</p> <p>OTHER _____ X (SPECIFY)</p>	
627	<p>CHECK 626:</p> <p align="center">TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p align="center">ONLY ONE CODE CIRCLED <input type="checkbox"/> → 629</p>		
628	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 626.</p>	<p>FIRST PLACE <input type="text"/></p>	
629	<p>How many days after the illness began did you first seek advice or treatment for (NAME IN 603)?</p> <p>IF SAME DAY, RECORD '00'.</p>	<p>DAYS <input type="text"/> <input type="text"/></p>	
630	<p>At any time during the illness, did (NAME IN 603) take any medicine for the illness?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 634</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE. . . . <input type="text"/> <input type="text"/>	
631	<p>What medicine did (NAME IN 603) take?</p> <p>Any other medicine?</p> <p>RECORD ALL MENTIONED. IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION</p>	<p>ANTIMALARIAL MEDICINE</p> <p>ARTEMISININ COMBINATION THERAPY (AC A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H OTHER ANTIMALARIAL I _____ (SPECIFY)</p> <p>ANTIBIOTIC MEDICINE</p> <p>AMOXICILLIN J COTRIMOXAZOLE K OTHER PILL/SYRUP L OTHER INJECTION/IV M</p> <p>OTHER MEDICINE</p> <p>ASPIRIN N PARACETAMOL/PANADOL/ACETAMINOPHE O IBUPROFEN P OTHER X _____ (SPECIFY)</p> <p>DON'T KNOW Z</p>	
632	<p>CHECK 631: ARTEMISININ COMBINATION THERAPY ('A') GIVEN</p> <p align="center">CODE 'A' <input type="checkbox"/> CIRCLED ↓</p>	<p align="center">CODE 'A' <input type="checkbox"/> NOT CIRCLED → 634</p>	
633	<p>How long after the fever started did (NAME IN 603) first take an artemisinin combination therapy (Coartem)?</p>	<p>SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8</p>	
634	<p>CHECK 220, 224, AND 225 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?</p> <p>MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> ↓ (GO TO 603 FOR THE NEXT SURVIVING CHILD) ←</p>	<p>NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 635</p>	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																				
635	<p>CHECK 220, 225 AND 226, ALL ROWS: NUMBER OF CHILDREN BORN 0-23 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>_____ (NAME OF YOUNGEST CHILD LIVING WITH HER)</p> <p style="text-align: center;">↓</p>	<p>NONE <input type="checkbox"/></p> <p style="text-align: right;">→ 643</p>																																																					
636	<p>Now I would like to ask you about liquids that (NAME IN 635) had yesterday during the day or at night. Please tell me about all drinks, whether (NAME IN 635) had them at home, or somewhere else. Yesterday during the day or at night, did (NAME IN 635) drink:</p> <p>a) Plain water?</p> <hr/> <p>b) Baby milk, such as, Nan, Lactogen, S-26, or Nestum? IF YES: b1) How many times did (NAME IN 635) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</p> <hr/> <p>c) Milk from animals including fresh or packaged milk? IF YES: c1) How many times did (NAME IN 635) drink milk? IF 7 OR MORE TIMES, RECORD '7'. c2) Was the milk a sweet or flavored type of milk?</p> <hr/> <p>f) Hot chocolate or Milo, Ama SipSip, or Cremora?</p> <hr/> <p>g) Juice?</p> <hr/> <p>h) Other drinks such as Coke, Sprite, Fanta, or energy drinks such as Kung Fu or Powerade?</p> <hr/> <p>i) Tea, coffee, or herbal drinks? IF YES: i1) Was the drink sweetened?</p> <hr/> <p>j) Clear broth or clear soup?</p>	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b1) NUMBER OF TIMES DRANK <input type="checkbox"/></td> <td></td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td>c)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c1) NUMBER OF TIMES DRANK <input type="checkbox"/></td> <td></td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td>c2) SWEET/ FLAVORED ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>f)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>g)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>h)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>i)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>i1) SWEETENED ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>j)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	a)	1	2	8	b)	1	2	8	b1) NUMBER OF TIMES DRANK <input type="checkbox"/>			8	c)	1	2	8	c1) NUMBER OF TIMES DRANK <input type="checkbox"/>			8	c2) SWEET/ FLAVORED ..	1	2	8	f)	1	2	8	g)	1	2	8	h)	1	2	8	i)	1	2	8	i1) SWEETENED ..	1	2	8	j)	1	2	8	
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SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	k) Any other liquids? IF YES: k1) What was the drink? MARK THE APPROPRIATE GROUP FOR EACH ADDITIONAL DRINK, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL DRINK BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO REGISTER THE NAME OF THE DRINK. k2) Was the drink sweetened?	k) 1	2	8	
		OTHER DRINK(S) _____ (SPECIFY)			
		SWEETENED .. 1	2	8	
637	<p>Now I would like to ask you about foods that (NAME IN 635) had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different foods, and I would like to know whether your child ate the food even if it was combined with other foods. Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish.</p> <p>Yesterday during the day or at night, did (NAME IN 635) have:</p> <p>a) Yogurt, sour milk, or mabisi?</p> <p>IF YES: a1) How many times did (NAME) have yogurt, sour milk or mabisi? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>a2) Did (NAME) have any yogurt, sour milk or mabisi [as a/to] drink?</p> <p>IF YES: a3) Was it a sweet [or flavored] type of drink?</p> <p>b) Nshima, samp, rice, porridge, bread, maize, macaroni, or spaghetti?</p> <p>c) Carrots, pumpkin, butternut, or sweet potatoes that are yellow or orange inside?</p> <p>d) Fresh cassava, roasted cassava, nshima from cassava, potato, mumbu, or white sweet potato?</p>	<p>YES NO DK</p> <p>a) 1 2 8</p> <p>NUMBER OF TIMES ATE <input type="text"/> 8</p> <p>HAD YOGURT AS A DRINK .. 1 2 8</p> <p>SWEETENED .. 1 2 8</p> <p>b) 1 2 8</p> <p>c) 1 2 8</p> <p>d) 1 2 8</p>			

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	e) Any dark green leafy vegetables, such as pumpkin leaves, sweet potato leaves, bean leaves, cowpea leaves, cassava leaves, or other dark green leafy vegetables?	e) 1	2	8	
	f) Any other vegetables, such as tomatoes, cabbage, impwa, mushrooms, okra, or other vegetables?	f) 1	2	8	
	g) Ripe mango or pawpaw?	g) 1	2	8	
	h) Any other fruits, such as banana, pineapple, orange, guava, watermelon, or other fruits?	h) 1	2	8	
	i) Fish, kapenta, or chisense?	i) 1	2	8	
	j) Liver, kidney, or heart?	j) 1	2	8	
	k) Sausage, polony, bacon, biltong, or dried meat?	k) 1	2	8	
	l) Any other meat, such as cow meat, goat meat, sheep meat, pork, field mice, rabbit, or chicken?	l) 1	2	8	
	m) Eggs?	m) 1	2	8	
	n) Beans, cowpeas, peas, lentils, bambara nuts, or soya pieces?	n) 1	2	8	
	o) Groundnuts, peanut butter, peanut powder, sunflower seeds, pumpkin seeds, or cashew nuts?	o) 1	2	8	
	p) Cheese?	p) 1	2	8	
	q) Flying termites, or caterpillars?	q) 1	2	8	
	r) Cakes, biscuits, or donuts (ma donadi)?	r) 1	2	8	
	s) Sweets, chocolates, ice cream, or Freezit?	s) 1	2	8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	t) Crisps, corn puffs, instant noodles such as Eezee noodles, chips, fried cassava, fritters or vitumbuwa?	t) 1	2	8	
	v) Any other solid, semi-solid, or soft food? IF YES: v1) What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO REGISTER THE NAME OF THE FOOD.	v) 1	2	8	
		OTHER FOOD(S) _____ (SPECIFY)			
638	CHECK 637 (CATEGORIES 'a' THROUGH 'v'): NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/>				→ 640
639	Did (NAME IN 635) 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 IN 635) eat?	YES 1 (GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY) (THEN CONTINUE TO 640)			→ 641
		NO 2			
640	How many times did (NAME IN 635) eat solid, semi-solid, or soft foods yesterday during the day or at night?	NUMBER OF TIMES <input type="text"/>			
		DON'T KNOW 8			
641	In the last 6 months, did any healthcare provider or community health worker talk with you about how or what to feed (NAME IN 635)?	YES 1 NO 2 DON'T KNOW 8			
642	The last time (NAME IN 635) 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 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP																																																		
643	<p>Now I'd like to ask you about foods and drinks that you consumed yesterday during the day or night, whether you ate or drank it at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different foods and drinks, and I would like to know whether you ate the food even if it was combined with other foods.</p> <p>Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish. Yesterday during the day or at night, did you eat or drink:</p>	<table border="1"> <thead> <tr> <th></th> <th data-bbox="1125 500 1166 523">YES</th> <th data-bbox="1254 500 1294 523">NO</th> <th data-bbox="1382 500 1423 523">DK</th> </tr> </thead> <tbody> <tr> <td data-bbox="941 546 1095 569">a) Nshima, samp, rice, porridge, bread, maize, macaroni or spaghetti?</td> <td data-bbox="1143 546 1160 569">1</td> <td data-bbox="1266 546 1284 569">2</td> <td data-bbox="1390 546 1407 569">8</td> </tr> <tr> <td data-bbox="941 695 1095 718">b) Carrots, pumpkin, butternut, or sweet potatoes that are yellow or orange inside?</td> <td data-bbox="1143 695 1160 718">1</td> <td data-bbox="1266 695 1284 718">2</td> <td data-bbox="1390 695 1407 718">8</td> </tr> <tr> <td data-bbox="941 787 1095 810">c) Fresh cassava, roasted cassava, nshima from cassava, potato, or white sweet potato?</td> <td data-bbox="1143 787 1160 810">1</td> <td data-bbox="1266 787 1284 810">2</td> <td data-bbox="1390 787 1407 810">8</td> </tr> <tr> <td data-bbox="941 936 1095 959">d) Any dark green leafy vegetables, such as pumpkin leaves, sweet potato leaves, bean leaves, cowpea leaves, cassava leaves, or other dark green leafy vegetables?</td> <td data-bbox="1143 936 1160 959">1</td> <td data-bbox="1266 936 1284 959">2</td> <td data-bbox="1390 936 1407 959">8</td> </tr> <tr> <td data-bbox="941 1086 1095 1108">e) Any other vegetables, such as tomatoes, cabbage, impwa, mushrooms, okra, or other vegetables?</td> <td data-bbox="1143 1086 1160 1108">1</td> <td data-bbox="1266 1086 1284 1108">2</td> <td data-bbox="1390 1086 1407 1108">8</td> </tr> <tr> <td data-bbox="941 1212 1095 1235">f) Ripe mango or pawpaw?</td> <td data-bbox="1143 1212 1160 1235">1</td> <td data-bbox="1266 1212 1284 1235">2</td> <td data-bbox="1390 1212 1407 1235">8</td> </tr> <tr> <td data-bbox="941 1338 1095 1361">g) Any other fruits, such as banana, pineapple, orange, guava, watermelon, or other fruits?</td> <td data-bbox="1143 1338 1160 1361">1</td> <td data-bbox="1266 1338 1284 1361">2</td> <td data-bbox="1390 1338 1407 1361">8</td> </tr> <tr> <td data-bbox="941 1430 1095 1453">h) Fish, kapenta, or chisense?</td> <td data-bbox="1143 1430 1160 1453">1</td> <td data-bbox="1266 1430 1284 1453">2</td> <td data-bbox="1390 1430 1407 1453">8</td> </tr> <tr> <td data-bbox="941 1522 1095 1545">i) Liver, kidney, or heart?</td> <td data-bbox="1143 1522 1160 1545">1</td> <td data-bbox="1266 1522 1284 1545">2</td> <td data-bbox="1390 1522 1407 1545">8</td> </tr> <tr> <td data-bbox="941 1637 1095 1660">j) Sausage, polony, bacon, biltong, or dried meat?</td> <td data-bbox="1143 1637 1160 1660">1</td> <td data-bbox="1266 1637 1284 1660">2</td> <td data-bbox="1390 1637 1407 1660">8</td> </tr> <tr> <td data-bbox="941 1774 1095 1797">k) Any other meat, such as cow meat, goat meat, sheep meat, pork, field mice, rabbit, or chicken?</td> <td data-bbox="1143 1774 1160 1797">1</td> <td data-bbox="1266 1774 1284 1797">2</td> <td data-bbox="1390 1774 1407 1797">8</td> </tr> <tr> <td data-bbox="941 1901 1095 1924">l) Eggs?</td> <td data-bbox="1143 1901 1160 1924">1</td> <td data-bbox="1266 1901 1284 1924">2</td> <td data-bbox="1390 1901 1407 1924">8</td> </tr> </tbody> </table>		YES	NO	DK	a) Nshima, samp, rice, porridge, bread, maize, macaroni or spaghetti?	1	2	8	b) Carrots, pumpkin, butternut, or sweet potatoes that are yellow or orange inside?	1	2	8	c) Fresh cassava, roasted cassava, nshima from cassava, potato, or white sweet potato?	1	2	8	d) Any dark green leafy vegetables, such as pumpkin leaves, sweet potato leaves, bean leaves, cowpea leaves, cassava leaves, or other dark green leafy vegetables?	1	2	8	e) Any other vegetables, such as tomatoes, cabbage, impwa, mushrooms, okra, or other vegetables?	1	2	8	f) Ripe mango or pawpaw?	1	2	8	g) Any other fruits, such as banana, pineapple, orange, guava, watermelon, or other fruits?	1	2	8	h) Fish, kapenta, or chisense?	1	2	8	i) Liver, kidney, or heart?	1	2	8	j) Sausage, polony, bacon, biltong, or dried meat?	1	2	8	k) Any other meat, such as cow meat, goat meat, sheep meat, pork, field mice, rabbit, or chicken?	1	2	8	l) Eggs?	1	2	8	
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SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	m) Beans, cowpeas, peas, lentils, bambara nuts, or soya pieces?	m) 1	2	8	
	n) Groundnuts, peanut butter, peanut powder, sunflower seeds, pumpkin seeds, or cashew	n) 1	2	8	
	o) Milk, cheese, yogurt, sour milk or mabisi?	o) 1	2	8	
	p) Flying termites, or caterpillars?	p) 1	2	8	
	q) Cakes, biscuits, or donuts (ma donadi)?	q) 1	2	8	
	r) Sweets, chocolates, ice cream, or Freezit?	r) 1	2	8	
	s) Crisps, corn puffs, instant noodles such as Eezee noodles, chips, fried cassava, fritters or vitumbuwa?	s) 1	2	8	
	t) Juice?	t) 1	2	8	
	u) Other drinks such as Coke, Sprite, Fanta, or energy drinks such as Kung Fu or Powerade?	u) 1	2	8	
	v) Tea with sugar, coffee with sugar, hot chocolate or Milo, Milkit or Ama SipSip?	v) 1	2	8	
	x) Any other liquids? IF YES: x1) What was the drink? x2) Was the drink sweetened?	x) 1 OTHER DRINK(S) _____ (SPECIFY) SWEETENED . . 1	2	8	
	y) Any other food? IF YES: y1) What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO RECORD THE NAME OF THE FOOD.	y) 1 OTHER FOOD(S) _____ (SPECIFY)	2	8	

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	→706A
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	→ 721
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 714
706A	Do you have a marriage certificate or other document recognizing this (marriage/union)?	YES 1 NO 2 DON'T KNOW 8	→ 707
706B	What document or documents do you have? Any other document? RECORD ALL MENTIONED.	CERTIFICATE OF MARRIAGE FROM A CHURCH, MOSQUE OR OTHER RELIGIOUS INSTITUTION A MARRIAGE CERTIFICATE FROM A CIVIL AUTHORITY B OTHER DOCUMENT FROM A RELIGIOUS INSTITUTION C OTHER DOCUMENT FROM A CIVIL AUTHORITY D OTHER _____ X (SPECIFY)	→709
707	Was this marriage ever registered with the civil authority?	YES 1 NO 2 DON'T KNOW 8	
709	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
710	Please tell me the name of your (husband/partner). RECORD THE HUSBAND'S 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"/>	
711	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	→ 714
712	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	
713	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/> DON'T KNOW 98	
714	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>CHECK 714:</p> <p>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> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>b) Now I would like to ask about your first husband or partner. In what month and year did you start living with him?</p>	<p>MONTH <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	<p>→ 717</p>
716	<p>How old were you when you first started living with him?</p>	<p>AGE <input type="text"/></p>	
717	<p>CHECK 714:</p> <p>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p>		<p>→ 721</p>
718	<p>CHECK 701:</p> <p>YES, CURRENTLY MARRIED <input type="checkbox"/></p> <p>YES, LIVING WITH A MAN <input type="checkbox"/></p> <p>NO, NOT IN A UNION <input type="checkbox"/></p>		<p>→ 721</p>
719	<p>Now I'd like to ask you about your current (husband/partner). In what month and year did you start living with him?</p>	<p>MONTH <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	<p>→ 721</p>
720	<p>How old were you when you first started living with your current (husband/partner)?</p>	<p>AGE <input type="text"/></p>	
721	<p>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p>		
722	<p>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?</p>	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/></p>	<p>→ 738</p>
723	<p>I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1 <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/></p>	<p>→ 737</p>

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 232: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> →	727
725	The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 727
726	Which method did you use? RECORD ALL MENTIONED. IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 728 EVEN IF ANOTHER METHOD WAS ALSO USED.	FEMALE STERILIZATION A MALE STERILIZATION B IUCD C INJECTABLES D IMPLANTS E PILL F MALE CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 728
727	The last time you had sexual intercourse, was a condom used?	YES, MALE CONDOM 1 YES, FEMALE CONDOM 2 NO 3	→ 730
728	What is the brand name of the condom used? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	MALE CONDOM MAXIMUM 01 ROUGH RIDER 02 DUREX 03 REALITY 04 MOODS 05 ULTIMATE 06 ICON 07 LOVE 08 PUBLIC SECTOR: UNBRANDED (WHITE COLOR FOIL) 09 FEMALE CONDOM CARE FEMALE CONDOM 21 FEMIDOM 22 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT HEALTH POST 13</p> <p>MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST 14</p> <p>COMMUNITY HEALTH ASSISTANT 15</p> <p>COMMUNITY HEALTH WORKER 16</p> <p>OTHER PUBLIC SECTOR 17</p> <p align="center">_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>MISSION HOSPITAL/CLINIC 23</p> <p>PHARMACY 24</p> <p>PRIVATE DOCTOR 25</p> <p>PRIVATE MOBILE CLINIC/HOSPITAL 26</p> <p>COMMUNITY HEALTH ASSISTANT 27</p> <p>COMMUNITY HEALTH WORKER 28</p> <p>OTHER PRIVATE MEDICAL SECTOR 29</p> <p align="center">_____ (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR 36</p> <p align="center">_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>CHURCH 42</p> <p>FRIEND/RELATIVE 43</p> <p>OTHER 96</p> <p align="center">_____ (SPECIFY)</p> <p>DON'T KNOW 98</p>	
730	<p>What was your relationship to this person with whom you had sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>HUSBAND 1</p> <p>LIVE-IN PARTNER 2</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER 6</p> <p align="center">_____ (SPECIFY)</p>	
731	<p>Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	→ 737
732	<p>The last time you had sexual intercourse with this second person, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	
733	<p>What was your relationship to this second person with whom you had sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>HUSBAND 1</p> <p>LIVE-IN PARTNER 2</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER 6</p> <p align="center">_____ (SPECIFY)</p>	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
734	Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?	YES 1 NO 2	→ 737												
735	The last time you had sexual intercourse with this third person, was a condom used?	YES 1 NO 2													
736	What was your relationship to this third person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 CLIENT/SEX WORKER 5 OTHER _____ 6 (SPECIFY)													
737	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													
738	PRESENCE OF OTHERS DURING THIS SECTION.	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>CHILDREN <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				
810	<p>CHECK 208 AND 804:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px dashed black; padding-right: 10px;"> <p>HAS HAD A CHILD AND WANTS TO HAVE ANOTHER CHILD <input type="checkbox"/></p> <p>a) You have said that you do not want another child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> </td> <td style="width: 50%; vertical-align: top; padding-left: 10px;"> <p>HAS HAD A CHILD AND WANTS NO MORE <input type="checkbox"/></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>RECORD ALL REASONS MENTIONED.</p> </td> </tr> <tr> <td style="border-top: 1px dashed black; vertical-align: top; border-right: 1px dashed black; padding-top: 10px; padding-right: 10px;"> <p>HAS NOT HAD A CHILD AND WANTS TO HAVE A CHILD <input type="checkbox"/></p> <p>c) You have said that you do not want a child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> </td> <td style="border-top: 1px dashed black; vertical-align: top; padding-top: 10px; padding-left: 10px;"> <p>HAS NOT HAD A CHILD AND WANTS NO CHILDREN <input type="checkbox"/></p> <p>d) You have said that you do not want any children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> </td> </tr> </table>	<p>HAS HAD A CHILD AND WANTS TO HAVE ANOTHER CHILD <input type="checkbox"/></p> <p>a) You have said that you do not want another child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>HAS HAD A CHILD AND WANTS NO MORE <input type="checkbox"/></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>RECORD ALL REASONS MENTIONED.</p>	<p>HAS NOT HAD A CHILD AND WANTS TO HAVE A CHILD <input type="checkbox"/></p> <p>c) You have said that you do not want a child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>HAS NOT HAD A CHILD AND WANTS NO CHILDREN <input type="checkbox"/></p> <p>d) You have said that you do not want any children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>INCONVENIENT TO USE O</p> <p>CHANGES IN MENSTRUAL BLEEDING P</p> <p>METHODS COULD CAUSE INFERTILITY Q</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES R</p> <p>OTHER SIDE EFFECTS S</p> <p>COST/ACCESS/AVAILABILITY</p> <p>LACK OF ACCESS/TOO FAR T</p> <p>COSTS TOO MUCH U</p> <p>PREFERRED METHOD NOT AVAILABLE V</p> <p>NO METHOD AVAILABLE W</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Y</p>	<p>811</p>
<p>HAS HAD A CHILD AND WANTS TO HAVE ANOTHER CHILD <input type="checkbox"/></p> <p>a) You have said that you do not want another child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>HAS HAD A CHILD AND WANTS NO MORE <input type="checkbox"/></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>RECORD ALL REASONS MENTIONED.</p>						
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810A	<p>CHECK 805:</p> <p>00-23 MONTHS OR '00-01' YEAR OR SOON <input type="checkbox"/></p>	<p>24 OR MORE MONTHS OR '02' OR MORE YEARS <input type="checkbox"/></p>	<p>813</p>				
810B	<p>CHECK 307: USING A CONTRACEPTIVE METHOD?</p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>	<p>NOT ASKED/PREGNANT <input type="checkbox"/></p>	<p>812</p>				

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810C	<p>CHECK 805 AND 208:</p> <p>HAS NOT HAD A CHILD AND WANTS TO HAVE A CHILD SOON <input type="checkbox"/></p> <p>HAS HAD A CHILD AND WANTS TO HAVE A/ANOTHER CHILD WITHIN THE NEXT 24 MONTHS <input type="checkbox"/></p> <p>a) You have said that you want a child soon. Can you tell me why you are using a contraceptive method?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> <p>HAS NOT HAD A CHILD AND WANTS TO HAVE A CHILD WITHIN THE NEXT 24 MONTHS <input type="checkbox"/></p> <p>c) You have said that you want a child within the next 24 months. Can you tell me why you are using a contraceptive method?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> <p>HAS HAD A CHILD AND WANTS TO HAVE ANOTHER CHILD WITHIN THE NEXT 24 MONTHS <input type="checkbox"/></p> <p>b) You have said that you want another child soon. Can you tell me why you are using a contraceptive method?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> <p>HAS HAD A CHILD AND WANTS TO HAVE ANOTHER CHILD WITHIN THE NEXT 24 MONTHS <input type="checkbox"/></p> <p>d) You have said that you want another child within the next 24 months. Can you tell me why you are using a contraceptive method?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>FERTILITY RELATED</p> <p>DOES NOT WANT TO GET PREGNANT RIGHT NOW A</p> <p>HEALTH RELATED</p> <p>TOO SOON SINCE LAST PREGNANC' B</p> <p>PROTECTS AGAINST STI/HIV C</p> <p>HELPS WITH MONTHLY BLEEDING D</p> <p>TREATS HEALTH CONDITION E</p> <p>IMPROVES SEX F</p> <p>ECONOMIC RELATED</p> <p>IMPROVES ABILITY TO WORK G</p> <p>CANNOT AFFORD PREGNANCY/CHILD ... H</p> <p>OTHERS SUPPORT USE</p> <p>HUSBAND WANTS TO USE METHOD/ TO DELAY/ PREVENT PREGNANC' I</p> <p>OTHERS WANT HER TO USE METHOD/ TO DELAY/ PREVENT PREGNANC' J</p> <p>COSTS TO STOPPING</p> <p>DIFFICULT/COSTLY TO STOP/ REMOVE METHOD K</p> <p>DOCTOR/ PROVIDER WILL NOT REMOVE/ STOP METHOD L</p> <p>DOCTOR/ PROVIDER RECOMMENDS USE ... M</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Y</p>	
811	<p>CHECK 307: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <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 224:</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>PROBE FOR A</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 → 815</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 → 815 (SPECIFY)</p>	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
814	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">BOYS</td> <td style="text-align: center;">GIRLS</td> <td style="text-align: center;">EITHER</td> </tr> <tr> <td style="text-align: center;">NUMBER . .</td> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> </table> <p>OTHER _____ 96 (SPECIFY)</p>	BOYS	GIRLS	EITHER	NUMBER . .	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>																						
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NUMBER . .	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>																												
815	In the last 12 months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone? e) Seen anything about family planning on social media such as Facebook, Twitter, Instagram, TikTok, WhatsApp, or any other social media? f) Seen anything about family planning on a poster, leaflet or brochure? g) Seen anything about family planning on an outdoor sign or billboard? h) Heard anything about family planning at community meetings or events?	<table border="1" style="width: 100%;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>a) RADIO</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>b) TELEVISION</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>d) MOBILE PHONE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>e) FACEBOOK/ TWITTER/ INSTAGRAM/ TIKTOK/ WHATSAPP/ OTHER SOCIAL MEDIA</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>f) POSTER/LEAFLET/BROCHURE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>g) OUTDOOR SIGN/BILLBOARD</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>h) COMMUNITY MEETINGS/EVENTS</td> <td style="text-align: right;">1</td> <td style="text-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	e) FACEBOOK/ TWITTER/ INSTAGRAM/ TIKTOK/ WHATSAPP/ OTHER SOCIAL MEDIA	1	2	f) POSTER/LEAFLET/BROCHURE	1	2	g) OUTDOOR SIGN/BILLBOARD	1	2	h) COMMUNITY MEETINGS/EVENTS	1	2	
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g) OUTDOOR SIGN/BILLBOARD	1	2																												
h) COMMUNITY MEETINGS/EVENTS	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="1" style="width: 100%;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>a) YOUR HEALTH MATTERS</td> <td style="text-align: right;">11</td> <td style="text-align: right;">2</td> </tr> <tr> <td>b) ANY OTHER HEALTH PROGRAMS</td> <td style="text-align: right;">11</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	a) YOUR HEALTH MATTERS	11	2	b) ANY OTHER HEALTH PROGRAMS	11	2																			
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a) YOUR HEALTH MATTERS	11	2																												
b) ANY OTHER HEALTH PROGRAMS	11	2																												
817	CHECK 701: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN A UNION <input type="checkbox"/>		→ 901																											
818	Who usually makes the decision on whether or not you should use contraception, 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 (SPECIFY)	→ 820 → 820																											
819	When making this decision with your (husband/partner), would you say that your opinion is more important, equally important, or less important than your (husband's/partner's) opinion?	MORE IMPORTANT 1 EQUALLY IMPORTANT 2 LESS IMPORTANT 3																												
820	Has your (husband/partner) or any other family member ever tried to force or pressure you to become pregnant when you did not want to become pregnant?	YES 1 NO 2																												
821	CHECK 307: NOT ASKED <input type="checkbox"/> NEITHER ARE STERILIZED <input type="checkbox"/> HE OR SHE ARE STERILIZED <input type="checkbox"/>		→ 901																											
822	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8																												

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN <input type="checkbox"/> UNION	→ 909
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS: <input type="text"/> <input type="text"/>	
903	Did your (husband/partner) ever attend school?	YES 1 NO 2	→ 906
904	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 8	→ 906
905	What was the highest year he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	YEAR <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"/>	
908A	(Is/was) he paid in cash or in kind for this work or (is/was) he not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
909	Aside from your own housework, have you done any work in the last 7 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 7 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 7 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"/>	
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	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	
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	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																									
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH HUSBAND/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 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 this document?	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 01 JOINTLY WITH HUSBAND/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 930A																									
929	Do you have a title deed for any land you own?	YES 1 NO 2 DON'T KNOW 8	→ 930A																									
930	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8																										
930A	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	→ 930C																									
930B	Did you yourself put money in or take money out of this account in the last 12 months?	YES 1 NO 2																										
930C	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2																										
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></th> <th>PRES./ PRES./ LISTEN.</th> <th>NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN < 10</td> <td>.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>.....</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	
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CHILDREN < 10	1	2	3																								
HUSBAND	1	2	3																								
OTHER MALES	1	2	3																								
OTHER FEMALES	1	2	3																								
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	<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> </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		
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c) ARGUES 1	2	8																									
d) REFUSES SEX 1	2	8																									
e) BURNS FOOD 1	2	8																									

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000	Now I would like to talk about HIV and AIDS.		
1002	CHECK 111: AGE 15-24 YEARS <input type="checkbox"/> ↓ 25 YEARS OR OLDER <input type="checkbox"/> → ###		
1003	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	
1004	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
1005	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	
1006	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8	
1006A	Can people reduce their chance of getting HIV by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8	
1006B	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	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES 1 NO 2	→ 1008C
1008A	Once someone is diagnosed with HIV, do you know for how long they have to take ARVs? IF YES, How long?	YES, A FEW DAYS OR LESS 1 YES, LESS THAN 1 MONTH BUT MORE THAN A FEW DAYS 2 YES, MORE THAN 1 MONTH BUT LESS THAN 1 YEAR 3 ANY NUMBER OF YEARS MORE THAN 1 YEAR BUT LESS THAN LIFE 4 YES, FOR LIFE 5 YES, UNTIL THEY FEEL BETTE 6 DON'T KNOW 8	
1008B	If someone is taking ARVs correctly and consistently, can they transmit the virus to their partner?	YES 1 NO 2 DON'T KNOW 8	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
1008C	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 align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> <td></td> </tr> <tr> <td>a) DURING PREGNANCY</td> <td align="center">..... 1</td> <td align="center">2</td> <td align="center">8</td> <td></td> </tr> <tr> <td>b) DURING DELIVERY</td> <td align="center">..... 1</td> <td align="center">2</td> <td align="center">8</td> <td></td> </tr> <tr> <td>c) BREASTFEEDING</td> <td align="center">..... 1</td> <td align="center">2</td> <td align="center">8</td> <td></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	Are there any special medicines that a health care provider 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																					
1009A	If someone is exposed to a needle prick or high risk sex (meaning high possibility of getting HIV), do you know if there is anything one can immediately do to prevent contraction of HIV?	YES 1 NO 2	→ ###																				
1009B	What can be done?	TAKING MEDICINE A WASHING B OTHER _____ X (SPECIFY) DON'T KNOW Z																					
1010	Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?	YES 1 NO 2	→ ###																				
1011	In your opinion, do you think it's okay for people to take a pill every day to prevent getting HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																					
1011A	Have you ever taken PrEP?	YES 1 NO 2																					
1012	CHECK 220 AND 223: LAST LIVE BIRTH 0-23 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO LIVE BIRTHS <input type="checkbox"/> LAST LIVE BIRTH 24 MONTHS OR MORE BEFORE THE SURVEY <input type="checkbox"/>	→ ### → ###																				
1013	CHECK 412 FOR LAST LIVE BIRTH ('TYPE 1'): HAD ANTENATAL CARE <input type="checkbox"/>	NO ANTENATAL CARE <input type="checkbox"/>	→ ###																				
1014	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																						

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1014A	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 style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right">YES</td> <td style="text-align:right">NO</td> <td style="text-align:right">DK</td> </tr> <tr> <td>a) HIV FROM MOTHER</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> <td style="text-align:right">8</td> </tr> <tr> <td>b) THINGS TO DO</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> <td style="text-align:right">8</td> </tr> <tr> <td>c) TESTED FOR HIV</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> <td style="text-align:right">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 tested for HIV as part of your antenatal care while you were pregnant with (CHILD NAME)?	YES 1 NO 2	→ ###																
1016	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	<p>PUBLIC SECTOR</p> GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 GOVERNMENT HEALTH POST STAND-ALONE HTC CENTER 13 FAMILY PLANNING CLINIC 14 MOBILE HTC SERVICES 15 OTHER PUBLIC SECTOR 16 <hr style="width:20%; margin:auto;"/> (SPECIFY) <p>PRIVATE MEDICAL SECTOR</p> PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 PRIVATE DOCTOR 23 MISSION HOSPITAL/CLINIC 24 STAND-ALONE HTC CENTER 25 PHARMACY 26 MOBILE HTC SERVICES 27 OTHER PRIVATE MEDICAL SECTOR 28 <hr style="width:20%; margin:auto;"/> (SPECIFY) <p>NGO MEDICAL SECTOR</p> NGO HOSPITAL 31 NGO CLINIC 32 OTHER NGO MEDICAL SECTOR 36 <hr style="width:20%; margin:auto;"/> (SPECIFY) <p>OTHER SOURCE</p> HOME 41 WORKPLACE 42 CORRECTIONAL FACILITY 43 OTHER 96 <hr style="width:20%; margin:auto;"/> (SPECIFY)																	
1017	Did you get the results of the test?	YES 1 NO 2																	
1017A	Were you tested for HIV during the last six weeks of your pregnancy with (CHILD NAME)? This could have been the same test that you just told me about, or it could have been a repeat test.	YES 1 NO 2	→ ###																
1017B	Did you get the results of the test?	YES 1 NO 2																	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1018	CHECK 435 FOR LAST LIVE BIRTH ('TYPE 1'): ANY CODE '21-46' CIRCLED <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ ###
1019	Between the time you went for delivery but before the baby was born, were you tested for HIV?	YES 1 NO 2	→ ###
1020	Did you get the results of the test?	YES 1 NO 2	
1021	CHECK 1015, 1019, 1020A : YES TO ANY <input type="checkbox"/>	NO TO ALL <input type="checkbox"/>	→ ###
1022	Have you been tested for HIV since that time you were tested during your pregnancy?	YES 1 NO 2	→ ###
1023	In what month and year was your most recent HIV test?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ ###
1024	Have you ever been tested for HIV?	YES 1 NO 2	→ ###
1025	In what month and year was your most recent HIV test?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1026	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>STAND-ALONE HTC CENTER 13</p> <p>FAMILY PLANNING CLINIC 14</p> <p>MOBILE HTC SERVICES 15</p> <p>OTHER PUBLIC SECTOR 16</p> <p align="center">_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PRIVATE DOCTOR 23</p> <p>MISSION HOSPITAL/CLINIC 24</p> <p>STAND-ALONE HTC CENTER 25</p> <p>PHARMACY 26</p> <p>MOBILE HTC SERVICES 27</p> <p>OTHER PRIVATE MEDICAL SECTOR 28</p> <p align="center">_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME 41</p> <p>WORKPLACE 42</p> <p>CORRECTIONAL FACILITY 43</p> <p>OTHER 96</p> <p align="center">_____ (SPECIFY)</p>	
1027	Did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	→ ###
1028	What was the result of the test?	<p>POSITIVE 1</p> <p>NEGATIVE 2</p> <p>INDETERMINATE 3</p> <p>DECLINED TO ANSWER 4</p> <p>DID NOT RECEIVE TEST RESULT 5</p>	→ ###
1029	In what month and year did you receive your first HIV-positive test result?	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p> <p>SAME DATE AS LAST HIV TEST 95</p>	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1030	Are you currently taking ARVs, that is antiretroviral medicines? By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES 1 NO 2 DON'T KNOW 8	
1031	How many times have you been tested for HIV in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.	NUMBER OF HIV TESTS <input type="text"/> <input type="text"/>	
1032	Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	→ ###
1033	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
1034	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	
1035	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	
1036	CHECK 1028: CODE '1' <input type="checkbox"/> CIRCLED ↓	OTHER <input type="checkbox"/> →	→ ###
1037	Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me?	YES 1 NO 2	→ ###
1037A	To whom have you told your HIV status?	FAMILY MEMBER A PARTNER B HEALTH CARE PROVIDER C FRIEND D RELIGIOUS LEADER E OTHER F	
1038	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV status.	AGREE 1 DISAGREE 2	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1039	Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months: a) People have talked badly about me because of my HIV status. b) Someone else disclosed my HIV status without my permission. c) I have been verbally insulted, harassed, or threatened because of my HIV status. d) Healthcare workers talked badly about me because of my HIV status. e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status. f) I was refused employment or a work opportunity because of my HIV status. g) I lost a source of income or job because of my HIV status.	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) PEOPLE TALK BADLY.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) DISCLOSED STATUS</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) VERBALLY INSULTED</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) HEALTHCARE WORKERS TALKED BADLY</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) HEALTHCARE WORKERS VERBALLY ABUSED</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) DIDN'T GET A JOB.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g) DIDN'T GET HEALTH SERVICE!....</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) PEOPLE TALK BADLY.....	1	2	b) DISCLOSED STATUS	1	2	c) VERBALLY INSULTED	1	2	d) HEALTHCARE WORKERS TALKED BADLY	1	2	e) HEALTHCARE WORKERS VERBALLY ABUSED	1	2	f) DIDN'T GET A JOB.....	1	2	g) DIDN'T GET HEALTH SERVICE!....	1	2	
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f) DIDN'T GET A JOB.....	1	2																									
g) DIDN'T GET HEALTH SERVICE!....	1	2																									
1040	Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?	YES 1 NO 2																									
1041	CHECK 722: <table border="0"> <tr> <td align="center">HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></td> <td align="center">NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></td> <td align="right">→ ###</td> </tr> </table>	HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>	NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>	→ ###																							
HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>	NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>	→ ###																									
1042	CHECK 1040: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? <table border="0"> <tr> <td align="center">YES <input type="checkbox"/></td> <td align="center">NO <input type="checkbox"/></td> <td align="right">→ ###</td> </tr> </table>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	→ ###																							
YES <input type="checkbox"/>	NO <input type="checkbox"/>	→ ###																									
1043	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																									
1044	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																									
1045	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																									
1046	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																									
1047	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																									
1048	CHECK 701: <table border="0"> <tr> <td align="center">CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></td> <td align="center">NOT IN UNION <input type="checkbox"/></td> <td align="right">→ ###</td> </tr> </table>	CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	→ ###																							
CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	→ ###																									
1049	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																									
1050	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	How long does it take in minutes to go from your home to the nearest healthcare facility, which could be a hospital, a health clinic, a medical doctor, or a health post?	MINUTES <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></tr></table>				
1102	How do you travel to this healthcare facility from your home? IF MORE THAN ONE WAY OF TRAVEL IS MENTIONED, RECORD THE ONE HIGHEST ON THE LIST.	MOTORIZED CAR/TRUCK 01 PUBLIC BUS 02 MOTORCYCLE/SCOOTER 03 BOAT WITH MOTOR 04 NOT MOTORIZED ANIMAL-DRAWN CART 05 BICYCLE 06 BOAT WITHOUT MOTOR 07 WALKING 08 OTHER _____ 96 (SPECIFY)				
1103	Has a doctor or other healthcare provider examined your breasts to check for breast cancer?	YES 1 NO 2 DON'T KNOW 8				
1104	Now I'm going to ask you about tests a healthcare worker can do to check for cervical cancer, which is cancer in the cervix. The cervix connects the womb to the vagina. To be checked for cervical cancer, a woman is asked to lie on her back with her legs apart. Then the healthcare worker will use a brush or swab to collect a sample from inside her. The sample is sent to a laboratory for testing. This test is called a Pap smear or HPV test. Another method is called a VIA or Visual Inspection with Acetic Acid. In this test, the healthcare worker puts vinegar on the cervix to see if there is a reaction.					
1105	Has a doctor or other healthcare worker ever tested you for cervical cancer?	YES 1 NO 2 DON'T KNOW 8				
1105A	Have you ever had your blood pressure measured by a doctor or other healthcare worker?	YES 1 NO 2 DON'T KNOW 8				
1105B	Have you ever been told by a doctor or other healthcare worker that you have high blood pressure or hypertension?	YES 1 NO 2	→ 1105F			
1105C	In the past 12 months, have you been told by a doctor or other healthcare worker that you have high blood pressure or hypertension?	YES 1 NO 2				
1105D	Has a doctor or other healthcare worker prescribed medication to control your blood pressure?	YES 1 NO 2				
1105E	Are you taking medication to control your blood pressure?	YES 1 NO 2				

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1105F	Have you ever had your blood sugar measured by a doctor or other healthcare worker?	YES 1 NO 2 DON'T KNOW 8	
1105G	Have you ever been told by a doctor or other healthcare worker that you have high blood sugar or diabetes?	YES 1 NO 2	
1105H	In the past 12 months, have you been told by a doctor or other healthcare worker that you have high blood sugar or diabetes?	YES 1 NO 2	
1105I	Has a doctor or other healthcare worker prescribed medication to control your high blood sugar or diabetes?	YES 1 NO 2	
1105J	Are you taking medication to control your high blood sugar or diabetes?	YES 1 NO 2	
1106	Now I would like to ask you some questions on smoking and tobacco use. Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1108
1107	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/>	
1108	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1109A
1109	What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPES FULL OF TOBACCO A CIGARS OR CIGARILLOS B WATER PIPE (SHISHA) C SNUFF BY MOUTH D SNUFF BY NOSE E CHEWING TOBACCO F ROLL UP TOBACCO H OTHER _____ X (SPECIFY)	
1109A	Are you currently using ecigarettes or vapes (inhaling or exhaling)?	YES 1 NO 2	
1110	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, ciders, kachasu, or chibuku?	YES 1 NO 2	→ 1113
1111	During the last one month, on how many days did you have an alcoholic drink? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.	DID NOT DRINK ALCOHOL 00 NUMBER OF DAYS <input type="text"/> <input type="text"/> EVERY DAY/ALMOST EVERY DAY 95	→ 1113
1112	We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits (tujilijili), or one bottle of ciders, one tot of kachasu, or a packet of chibuku. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day? SHOW PICTURES OF SIZES OF STANDARD DRINKS.	LESS THAN ONE STANDARD DRINK 00 NUMBER OF DRINKS <input type="text"/> <input type="text"/>	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1113	<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> <p>a) Getting permission to go to the doctor? b) Getting money needed for advice or treatment? c) The distance to the health facility? d) Not wanting to go alone? e) Having to take transport? f) Concern that there may not be any health g) Concern that there may not be a female h) Rude attitude of the health provider? i) Concern that there may not be medicine? j) Concern on waiting time? k) Fear of COVID-19?</p>	<p align="center">BIG NOT A BIG PROBLEM PROBLEM</p> <p>a) PERMISSION TO GO 1 2 b) GETTING MONEY 1 2 c) DISTANCE 1 2 d) GO ALONE 1 2 e) TAKE TRANSPORT 1 2 f) NO PROVIDER 1 2 g) NO FEMALE PROVIDER .. 1 2 h) RUDE ATTITUDE 1 2 i) NO MEDICINE 1 2 j) WAITING TIME 1 2 k) COVID-19 1 2</p>	
1114	<p>Are you covered by any health insurance?</p>	<p>YES 1 NO 2</p>	<p>→ 1115A</p>
1115	<p>What type of health insurance are you covered by? RECORD ALL MENTIONED.</p>	<p>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D NHIMA E OTHER _____ X (SPECIFY)</p>	
1115A	<p>Do you know the procedure for death Registration and/or Certification as required by the DNRPC (Kuma Reg)?</p>	<p>YES 1 NO 2</p>	

FISTULA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F1	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 or a severe injury. Do you currently experience a constant leakage of urine or stool from your vagina during the day and	YES 1 NO 2	→ F4
F2	Have you ever experienced this problem?	YES 1 NO 2	→ F4
F3	Have you ever heard of this problem?	YES 1 NO 2	→ MM0
F4	Did this problem start after you delivered a baby or had a stillbirth?	AFTER DELIVERED BABY 1 AFTER HAD STILLBIRTH 2 NEITHER 3	→ F6
F5	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	→ F7
F6	What do you think caused this problem?	PELVIC SURGERY 1 SEXUAL ASSAULT 2 OTHER INJURY 3 WITCHCRAFT 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→ F8
F7	How many days after (CAUSE OF PROBLEM FROM F4 OR F6) did the leakage start? ENTER '90' IF 90 DAYS OR MORE.	NUMBER OF DAYS AFTER DELIVERY/OTHER EVEN. <input type="text"/> <input type="text"/>	
F8	Have you sought treatment for this condition?	YES 1 NO 2	→ F10
F9	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)	→ MM0
F10	From whom did you last seek treatment?	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 CLINICAL OFFICER 13 OTHER PERSON COMMUNITY/VILLAGE HEALTH ASSISTANT 21 TRADITIONAL BIRTH ATTENDANT 22 COMMUNITY/VILLAGE HEALTH WORKER 23 OTHER _____ 96 (SPECIFY)	
F11	Did you have an operation to fix the problem?	YES 1 NO 2	
F12	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	

SECTION MM. ADULT AND MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
MM01	<p>Now I would like to ask you some questions about your brothers and sisters born to your biological mother, including those who are living with you, those living elsewhere and those who have died. From our experience in prior surveys, we know it may sometimes be difficult to establish a complete list of all the children born to your biological mother. We will work together to draw the most complete list and work to recall all your siblings. Could you please now give me the names of all of your brothers and sisters born to your biological mother. DO NOT FILL IN THE ORDER NUMBER YET.</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">NAME</th> <th style="width: 15%;">ORDER NUMBER</th> <th style="width: 25%;">NAME</th> <th style="width: 35%;">ORDER NUMBER</th> </tr> </thead> <tbody> <tr> <td>a _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td>k _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>b _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td>l _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; 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MM02	<p>CHECK MM01:</p> <p style="text-align: center;"> ONE OR MORE BROTHERS OR SISTERS LISTED <input type="checkbox"/> NO BROTHERS OR SISTERS LISTED <input type="checkbox"/> </p>	<p>→ MM04</p>																																													
MM03	<p>READ THE NAMES OF THE BROTHERS AND SISTERS TO THE RESPONDENT AND AFTER THE LAST ONE ASK:</p> <p style="text-align: center;"> NO <input type="checkbox"/> YES <input type="checkbox"/> </p>	<p>→ LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p>																																													
MM04	<p>Sometimes people forget to mention children born to their biological mother because they do not live with them or they do not see them very often. Are there any brothers or sisters who do not live with you that you have not mentioned?</p> <p style="text-align: center;"> NO <input type="checkbox"/> YES <input type="checkbox"/> </p>	<p>→ LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p>																																													
MM05	<p>Sometimes people forget to mention children born to their biological mother because they have died. Are there any brothers or sisters who died that you have not mentioned?</p> <p style="text-align: center;"> NO <input type="checkbox"/> YES <input type="checkbox"/> </p>	<p>→ LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p>																																													
MM06	<p>Some people have brothers or sisters from the same mother but a different father. Are there any brothers or sisters born to your biological mother, but who have a different natural father, that you have not mentioned?</p> <p style="text-align: center;"> NO <input type="checkbox"/> YES <input type="checkbox"/> </p>	<p>→ LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p>																																													
MM07	<p>COUNT THE NUMBER OF BROTHERS AND SISTERS RECORDED IN MM01.</p>	<p>TOTAL BROTHERS AND SISTERS . . . <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 MM. ADULT AND MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
MM08	<p>CHECK MM07:</p> <p>Just to make sure that I have this right: Your mother had in total (NUMBER OF BIRTHS TO MOTHER) 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 MM01 AND/OR MM07.</p>		
MM09	<p>CHECK MM07:</p> <p>ONE OR MORE <input type="checkbox"/> BROTHERS/SISTERS ↓</p> <p style="margin-left: 150px;">NO <input type="checkbox"/> → MTH0</p> <p style="margin-left: 100px;">BROTHER OR SISTER</p>		
MM10	<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>		
MM11	<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 MM. ADULT AND MATERNAL MORTALITY MODULE

MM12	LIST THE BROTHERS AND SISTERS ACCORDING TO THE ORDER NUMBER IN MM01. ASK MM13 TO MM24 FOR ONE BROTHER OR SISTER BEFORE ASKING ABOUT THE NEXT BROTHER OR SISTER.			
MM13	NAME OF BROTHER OR SISTER.	(01)	(02)	(03)
MM14	Is (NAME IN MM13) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
MM15	Is (NAME IN MM13) still alive?	YES 1 NO 2 GO TO MM17 ← DK 8 GO TO (02) ←	YES 1 NO 2 GO TO MM17 ← DK 8 GO TO (03) ←	YES 1 NO 2 GO TO MM17 ← DK 8 GO TO (04) ←
MM16	How old is (NAME IN MM13)?	AGE <input type="text"/> <input type="text"/> GO TO (02)	AGE <input type="text"/> <input type="text"/> GO TO (03)	AGE <input type="text"/> <input type="text"/> GO TO (04)
MM17	How many years ago did (NAME IN MM13) die?	YEARS AGO .. <input type="text"/> <input type="text"/>	YEARS AGO .. <input type="text"/> <input type="text"/>	YEARS AGO .. <input type="text"/> <input type="text"/>
MM18	<p>IF MALE <input type="checkbox"/> IF FEMALE <input type="checkbox"/></p> <p>a) How old was (NAME IN MM13) when he died? b) How old was (NAME IN MM13) when she died?</p> <p>IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.</p>	<p>AGE <input type="text"/><input type="text"/></p> <p>IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23</p>	<p>AGE <input type="text"/><input type="text"/></p> <p>IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23</p>	<p>AGE <input type="text"/><input type="text"/></p> <p>IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23</p>
MM19	Was (NAME IN MM13) pregnant when she died?	YES 1 GO TO MM23 ← NO 2	YES 1 GO TO MM23 ← NO 2	YES 1 GO TO MM23 ← NO 2
MM20	Did (NAME IN MM13) die during childbirth?	YES 1 GO TO (MM25A) ← NO 2	YES 1 GO TO (MM25A) ← NO 2	YES 1 GO TO (MM25A) ← NO 2
MM21	Did (NAME IN MM13) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2 GO TO MM23 ←	YES 1 NO 2 GO TO MM23 ←	YES 1 NO 2 GO TO MM23 ←
MM22	How many days after the end of the pregnancy or childbirth did (NAME IN MM13) die?	DAYS .. <input type="text"/> <input type="text"/>	DAYS .. <input type="text"/> <input type="text"/>	DAYS .. <input type="text"/> <input type="text"/>
MM23	Was (NAME IN MM13)'s death due to an act of violence?	YES 1 GO TO (MM25A) ← NO 2	YES 1 GO TO (MM25A) ← NO 2	YES 1 GO TO (MM25A) ← NO 2
MM24	Was (NAME IN MM13)'s death due to an accident?	YES 1 GO TO (MM25A) ← NO 2	YES 1 GO TO (MM25A) ← NO 2	YES 1 GO TO (MM25A) ← NO 2
MM24A	CHECK MM17:	<p>DIED MORE THAN 5 YEARS AGO <input type="checkbox"/> GO TO MM25A ←</p> <p>DIED IN THE LAST FIVE YEARS <input type="checkbox"/></p>	<p>DIED MORE THAN 5 YEARS AGO <input type="checkbox"/> GO TO MM25A ←</p> <p>DIED IN THE LAST FIVE YEARS <input type="checkbox"/></p>	<p>DIED MORE THAN 5 YEARS AGO <input type="checkbox"/> GO TO MM25A ←</p> <p>DIED IN THE LAST FIVE YEARS <input type="checkbox"/></p>
MM25	Was the death due to COVID?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
MM25A	Was (NAME IN MM13) death registered with DNRPC (Kuma Reg)?	YES 1 NO 2 DON'T KNOW 8 GO TO (02) ←	YES 1 NO 2 DON'T KNOW 8 GO TO (03) ←	YES 1 NO 2 DON'T KNOW 8 GO TO (04) ←
MM25B	Was a death certificate obtained from DNRPC (Kuma reg)? (CLARIFY TO THE RESPONDENT THAT YOU DO NOT MEAN MCCD OBTAINED FROM THE HOSPITAL)	YES 1 NO 2 DON'T KNOW 8 GO TO (02)	YES 1 NO 2 DON'T KNOW 8 GO TO (03)	YES 1 NO 2 DON'T KNOW 8 GO TO (04)

IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION.

MENTAL HEALTH MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
MTH0	Now I will ask you a few questions on how you have felt or behaved in the last 2 weeks. You may find some of these questions very personal. Let me assure you that your answers are completely confidential and will not be told to anyone. 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.						
GAD (ANXIETY) CODES:							
CODE '7' (RF) REFUSED TO ANSWER							
CODE '8' (DK) DON'T KNOW							
GAD	<p>The next questions are about how you have been feeling during the last 2 weeks. Over the last 2 weeks, how often have you been bothered by the following problems? Would you say never, rarely, often, or always?</p> <p>1) Feeling nervous or anxious? Would you say never, rarely, often, or always?</p> <p>2) Not being able to stop or control worrying? IF NECESSARY ASK: Would you say never, rarely, often, or always?</p> <p>3) Worrying too much about different things? IF NECESSARY ASK: Would you say never, rarely, often, or always?</p> <p>4) Trouble relaxing? IF NECESSARY ASK: Would you say never, rarely, often, or always?</p> <p>5) Being so restless that it is hard to sit still? IF NECESSARY ASK: Would you say never, rarely, often, or always?</p> <p>6) Becoming easily annoyed or irritable? IF NECESSARY ASK: Would you say never, rarely, often, or always?</p> <p>7) Feeling afraid as if something awful might happen? IF NECESSARY ASK: Would you say never, rarely, often, or always?</p>	NEVER	RARELY	OFTEN	AL- WAYS	RF	DK
	1)	0	1	2	3	7	8
	2)	0	1	2	3	7	8
	3)	0	1	2	3	7	8
	4)	0	1	2	3	7	8
	5)	0	1	2	3	7	8
	6)	0	1	2	3	7	8
	7)	0	1	2	3	7	8

MENTAL HEALTH MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP	
PHQ (DEPRESSION) CODES:							
CODE '7' (RF) REFUSED TO ANSWER							
CODE '8' (DK) DON'T KNOW							
PHQ	Over the last 2 weeks, how often have you been bothered by the following problems? Would you say never, rarely, often, or always?	NEVER	RARELY	OFTEN	AL- WAYS	RF	DK
	1) Little interest or pleasure in doing things? Would you say never, rarely, often, or always?	1) 0	1 1	2 2	3 3	7 7	8 8
	2) Feeling low or hopeless? IF NECESSARY ASK: Would you say never, rarely, often, or always?	2) 0	1 1	2 2	3 3	7 7	8 8
	3) Trouble falling asleep, staying asleep, or sleeping too much? IF NECESSARY ASK: Would you say never, rarely, often, or always?	3) 0	1 1	2 2	3 3	7 7	8 8
	4) Feeling tired or having little energy? IF NECESSARY ASK: Would you say never, rarely, often, or always?	4) 0	1 1	2 2	3 3	7 7	8 8
	5) Poor appetite or overeating? IF NECESSARY ASK: Would you say never, rarely, often, or always?	5) 0	1 1	2 2	3 3	7 7	8 8
	6) Feeling bad about yourself - or that you are a failure or have let yourself or your family down? IF NECESSARY ASK: Would you say never, rarely, often, or always?	6) 0	1 1	2 2	3 3	7 7	8 8
	7) Trouble concentrating on things you normally do, such as reading the newspaper or watching television? IF NECESSARY ASK: Would you say never, rarely, often, or always?	7) 0	1 1	2 2	3 3	7 7	8 8
	8) Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so restless that you have been moving around a lot more than usual? IF NECESSARY ASK: Would you say never, rarely, often, or always?	8) 0	1 1	2 2	3 3	7 7	8 8
	9) Thoughts of hurting yourself in some way or that you would be better off not living anymore? IF NECESSARY ASK: Would you say never, rarely, often, or always?	9) 0	1 1	2 2	3 3	7 7	8 8

MENTAL HEALTH MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
MTH1	<p>CHECK THE REPORTED SYMPTOMS: ANY CODE '1', '2', OR '3' RECORDED IN GAD, AND/OR ANY CODE '1', '2', OR '3' RECORDED IN PHQ</p> <p>ANY SYMPTOMS REPORTED FOR GAD AND/OR PHQ <input type="checkbox"/></p>	<p>NO SYMPTOMS <input type="checkbox"/></p>	<p>→ MTH4</p>
MTH2	<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 NO 2</p>	<p>→ MTH4</p>
MTH3	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>DOCTOR/MEDICAL PERSONNEL A SOCIAL WORKER B COMMUNITY HEALTH ASSISTANT C RELIGIOUS LEADER D CURRENT/FORMER SPOUSE/PARTNER E OTHER FAMILY MEMBER F FRIEND G NEIGHBOR H TRADITIONAL HEALER I NGO/ CBO J</p> <p>OTHER _____ X (SPECIFY)</p>	
MTH4	<p>Have you ever been told by a doctor or other healthcare worker that you have:</p> <p>a) Depression? b) Anxiety?</p>	<p>YES NO</p> <p>a) DEPRESSION 1 2 b) ANXIETY 1 2</p>	
MTH5	<p>During the last 2 weeks, did you take medicine prescribed by a doctor or other healthcare worker for depression or anxiety?</p>	<p>YES 1 NO 2</p>	
MTH6	<p>SCORE THE PHQ SCALE BY SUMMING THE ANSWERS TO PHQ 1-9.</p>	<p>PHQ SCORE..... <input type="text"/> <input type="text"/></p>	
MTH7	<p>CHECK MTH6 AND PHQ9: ASSESS NEED FOR REFERRAL</p> <p>RESPONDENTS WITH A SCORE OF 10 OR HIGHER ON THE PHQ SCALE, AND/OR THOSE WHO ANSWERED '1', '2', OR '3' ON PHQ9 SHOULD BE OFFERED A REFERRAL FOR MENTAL HEALTH SERVICES.</p> <p>SCORE OF 10 OR HIGHER ON THE PHQ SCALE AND/OR ANY CODE '1', '2', OR '3' IN PHQ9 <input type="checkbox"/></p>	<p>OTHER <input type="checkbox"/></p>	<p>→ DV00</p>
MTH8	<p>Thank you for answering this series of questions. Based on the information you shared with me about your recent experiences, you may benefit from services provided by Chainama Mental Health Hospital.</p> <p>PROVIDE RESPONDENT WITH REFERRAL CARD. This card provides Chainama Mental Health Hospital's contact information.</p>		

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV00	CHECK COVER PAGE: WOMAN SELECTED FOR DV MODULE? WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/>	WOMAN <input type="checkbox"/> NOT SELECTED	DV38
DV01	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1	PRIVACY NOT POSSIBLE 2	DV37
DV02	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 Zambia. 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.		
DV03	CHECK 701 AND 702: NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/>	CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/ MALE PARTNER') <input type="checkbox"/>	DV06 D.V06
DV04	You have said that you are not married and are not living with a man as if married. Are you currently in an intimate relationship with a man even though you are not living with him?	YES 1 NO 2	DV06
DV05	Have you ever been in an intimate relationship with a man even though you did not ever live with him?	YES 1 NO 2	DV19
DV06	Now, I am going to ask you about some situations that can happen between some women and their (husband/male partner). DV06A. Please tell me if these descriptions apply to your relationship with your (last) (husband/male partner).	DV06B. How often did this happen during the last 12 months: often, only sometimes, or not at all?	
		EVER OFTEN SOME- TIMES NOT IN LAST 12 MONTHS	
DV a)	He (is/was) jealous or angry if you (talk/talked) to other men?	YES 1 NO 2	1 2 3
DV06b)	He wrongly (accuses/accused) you of being unfaithful?	YES 1 NO 2	1 2 3
DV06c)	He (does/did) not permit you to meet your female friends?	YES 1 NO 2	1 2 3
DV06d)	He (tries/tried) to limit your contact with your family?	YES 1 NO 2	1 2 3
DV06e)	He (insists/insisted) on knowing where you (are/were) at all times?	YES 1 NO 2	1 2 3
DV06f)	Use mobile technology to check where you (are/were) or track you via GPS in a way that (makes/made) you feel controlled?	YES 1 NO 2	1 2 3

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
DV07	<p>Now I need to ask some more questions about your relationship with your (last) (husband/male partner).</p> <p>DV07A. Did your (last) (husband/male partner) ever:</p>	<p>DV07B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>				
		EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
DV07a)	say or do something to humiliate you in front of others?	YES 1 NO 2 ↓	→	1	2	3
DV07b)	threaten to hurt or harm you or someone you care about?	YES 1 NO 2 ↓	→	1	2	3
DV07c)	insult you or make you feel bad about yourself?	YES 1 NO 2 ↓	→	1	2	3
DV08	<p>DV08A. Did your (last) (husband/male partner) ever do any of the following things to you:</p>	<p>DV08B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>				
		EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
DV08a)	push you, shake you, or throw something at you?	YES 1 NO 2 ↓	→	1	2	3
DV08b)	slap you?	YES 1 NO 2 ↓	→	1	2	3
DV08c)	twist your arm or pull your hair?	YES 1 NO 2 ↓	→	1	2	3
DV08d)	punch you with his fist or with something that could hurt you?	YES 1 NO 2 ↓	→	1	2	3
DV08e)	kick you, drag you, or beat you up?	YES 1 NO 2 ↓	→	1	2	3
DV08f)	try to choke you or burn you on purpose?	YES 1 NO 2 ↓	→	1	2	3
DV08g)	attack you with a knife, gun, or other weapon?	YES 1 NO 2 ↓	→	1	2	3
DV08h)	physically force you to have sexual intercourse with him when you did not want to?	YES 1 NO 2 ↓	→	1	2	3
DV08i)	physically force you to perform any other sexual acts you did not want to?	YES 1 NO 2 ↓	→	1	2	3
DV08j)	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

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
DV16	<p>DV16A. So far we have been talking about the behavior of your (current/last) (husband/male partner). Now I want to ask you about the behavior of any previous husband or any other current or previous male partner that you may have ever had.</p> <p>DV16a) Did any previous husband or any other current or previous male partner ever hit, slap, kick, or do anything else to hurt you physically?</p> <p>DV16b) Did any previous husband or any other current or previous male partner physically force you to have intercourse or perform any other sexual acts that you did not want to?</p> <p>DV16c) Did any previous husband or any other current or previous male 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?</p>	<p>DV16B. How long ago did this last happen?</p> <table border="1"> <thead> <tr> <th data-bbox="884 363 1064 475">EVER</th> <th data-bbox="1064 363 1219 475">0 - 11 MONTHS AGO</th> <th data-bbox="1219 363 1373 475">12+ MONTHS AGO</th> <th data-bbox="1373 363 1586 475">DON'T REMEMBER</th> </tr> </thead> <tbody> <tr> <td colspan="4" data-bbox="884 475 1586 550">HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6</td> </tr> <tr> <td data-bbox="884 550 1064 675">YES 1 NO 2 ↓</td> <td data-bbox="1064 550 1219 675">1 →</td> <td data-bbox="1219 550 1373 675">2</td> <td data-bbox="1373 550 1586 675">3</td> </tr> <tr> <td data-bbox="884 675 1064 799">YES 1 NO 2 ↓</td> <td data-bbox="1064 675 1219 799">1 →</td> <td data-bbox="1219 675 1373 799">2</td> <td data-bbox="1373 675 1586 799">3</td> </tr> <tr> <td data-bbox="884 799 1064 1054">YES 1 NO 2 ↓</td> <td data-bbox="1064 799 1219 1054">1 →</td> <td data-bbox="1219 799 1373 1054">2</td> <td data-bbox="1373 799 1586 1054">3</td> </tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6				YES 1 NO 2 ↓	1 →	2	3	YES 1 NO 2 ↓	1 →	2	3	YES 1 NO 2 ↓	1 →	2	3	
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YES 1 NO 2 ↓	1 →	2	3																				
DV17	<p>CHECK DV08A (h-j) AND DV16A (b):</p> <p align="center">AT LEAST ONE <input type="checkbox"/> 'YES' ↓</p>	<p align="center">NOT A SINGLE <input type="checkbox"/> YES →</p>	<p align="right">→ DV19</p>																				
DV18	<p>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous husband or male partner?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/><input type="text"/></p> <p>DON'T KNOW 98</p>																					
DV19	<p>CHECK 212 AND 232:</p> <p align="center">CURRENTLY PREGNANT 232=1 OR <input type="checkbox"/> HAD ONE OR MORE PAST PREGNANCIES 212>0 ↓</p>	<p align="center">NOT PREGNANT 232=2 AND <input type="checkbox"/> NO PAST PREGNANCIES 212=0</p>	<p align="right">→ DV21A</p>																				
DV20	<p>Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?</p>	<p>YES 1 NO 2</p>	<p align="right">→ DV21A</p>																				

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																						
DV21	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND/PARTNER A</p> <p>MOTHER/STEP-MOTHER B</p> <p>FATHER/STEP-FATHER C</p> <p>SISTER/BROTHER D</p> <p>DAUGHTER/SON E</p> <p>OTHER RELATIVE F</p> <p>FORMER HUSBAND/PARTNER G</p> <p>CURRENT BOYFRIEND H</p> <p>FORMER BOYFRIEND I</p> <p>MOTHER-IN-LAW J</p> <p>FATHER-IN-LAW K</p> <p>OTHER IN-LAW L</p> <p>TEACHER M</p> <p>SCHOOLMATE/CLASSMATE N</p> <p>EMPLOYER/SOMEONE AT WORK . . . O</p> <p>POLICE/SOLDIER P</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>																																																							
DV21A	<p>Now I want to ask you about your experiences using technology including the internet, text messages, instant messages, social media or any other technology platforms (e.g. Facebook, WhatsApp, Instagram, TikTok, Twitter...).</p> <p>A. Have you ever had the following experience:</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:10%;">EVER</th> <th style="width:10%;"></th> <th style="width:10%;">OFTEN</th> <th style="width:10%;">SOME-TIMES</th> <th style="width:10%;">NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>DV21Aa) Someone tried to publicly humiliate you on the internet or through text messages, instant messages, or social media?</td> <td>YES 1 NO 2</td> <td>→</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td align="center">↓</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DV21Ab) Someone sent you threatening messages via the internet, text message, instant message, or social media?</td> <td>YES 1 NO 2</td> <td>→</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td align="center">↓</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DV21Ac) Someone shared sexual photos or videos of you via the internet, text message, instant message, or social media without your consent?</td> <td>YES 1 NO 2</td> <td>→</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td align="center">↓</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DV21Ad) Someone sent you sexual photos, videos, or messages via the internet, text message, instant message, or social media without your consent?</td> <td>YES 1 NO 2</td> <td>→</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td align="center">↓</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	DV21Aa) Someone tried to publicly humiliate you on the internet or through text messages, instant messages, or social media?	YES 1 NO 2	→	1	2	3		↓					DV21Ab) Someone sent you threatening messages via the internet, text message, instant message, or social media?	YES 1 NO 2	→	1	2	3		↓					DV21Ac) Someone shared sexual photos or videos of you via the internet, text message, instant message, or social media without your consent?	YES 1 NO 2	→	1	2	3		↓					DV21Ad) Someone sent you sexual photos, videos, or messages via the internet, text message, instant message, or social media without your consent?	YES 1 NO 2	→	1	2	3		↓					
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DV21B	<p>CHECK DV21A_B (a-d):</p> <p align="center">AT LEAST ONE 'OFTEN' OR 'SOMETIMES' <input type="checkbox"/></p> <p align="center">OTHER <input type="checkbox"/> → DV22</p>																																																								

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
DV21C	<p>In the last 12 months, who has done any of this to you?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND/PARTNER A</p> <p>FORMER HUSBAND/PARTNER B</p> <p>CURRENT BOYFRIEND C</p> <p>FORMER BOYFRIEND D</p> <p>TEACHER E</p> <p>SCHOOLMATE/CLASSMATE F</p> <p>EMPLOYER/SOMEONE AT WORK G</p> <p>POLICE/SOLDIER H</p> <p>MALE FRIEND I</p> <p>FEMALE FRIEND J</p> <p>STRANGER/DID NOT IDENTIFY THEMSELVES K</p> <p>MOTHER/STEP-MOTHER L</p> <p>FATHER/STEP-FATHER M</p> <p>SISTER/BROTHER N</p> <p>DAUGHTER/SON O</p> <p>MOTHER-IN-LAW P</p> <p>FATHER-IN-LAW Q</p> <p>OTHER IN-LAW R</p> <p>OTHER RELATIVE S</p> <p>OTHER _____ X (SPECIFY)</p>			
DV22	<p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px dashed black; padding-right: 10px;"> <p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER</p> <p style="text-align: center;">↓</p> </td> <td style="width: 50%; vertical-align: top; padding-left: 10px;"> <p>NEVER MARRIED/ NEVER HAD A MALE PARTNER</p> <p style="text-align: center;">↓</p> </td> </tr> </table> <p>DV22a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner.</p>	<p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER</p> <p style="text-align: center;">↓</p>	<p>NEVER MARRIED/ NEVER HAD A MALE PARTNER</p> <p style="text-align: center;">↓</p>	<p>DV From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> <p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ DV25</p>
<p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER</p> <p style="text-align: center;">↓</p>	<p>NEVER MARRIED/ NEVER HAD A MALE PARTNER</p> <p style="text-align: center;">↓</p>				

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV23	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 SCHOOLMATE/CLASSMATE L EMPLOYER/SOMEONE AT WORK .. M POLICE/SOLDIER N OTHER _____ X (SPECIFY)	
DV24	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	
DV25	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/ EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/>	NEVER MARRIED/ NEVER HAD <input type="checkbox"/> A MALE PARTNER	→ DV27
DV26	At any time in your life, as a child or as an adult, has anyone other than any previous husband or any other current or previous male partner ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? Remember I do not want you to include any husband or male partner.	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV28 → DV31
DV27	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	→ DV31
DV28	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/> DV28a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by anyone, not including any husband or any other male partner?	NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/> DV How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to? AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV29	<p>Who has forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p> <p>RECORD ALL MENTIONED.</p>	<p>FATHER/STEP-FATHER A</p> <p>BROTHER/STEP-BROTHER B</p> <p>OTHER RELATIVE C</p> <p>CURRENT BOYFRIEND D</p> <p>FORMER BOYFRIEND E</p> <p>IN-LAW F</p> <p>OWN FRIEND/ACQUAINTANCE G</p> <p>FAMILY FRIEND H</p> <p>TEACHER I</p> <p>SCHOOLMATE/CLASSMATE J</p> <p>EMPLOYER/SOMEONE AT WORK K</p> <p>POLICE/SOLDIER L</p> <p>PRIEST/RELIGIOUS LEADER M</p> <p>STRANGER N</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
DV30	<p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <p align="center"> EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/> </p> <p align="center"> NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/> </p> <p>DV30a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>DV In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> <p>YES 1</p> <p>NO 2</p>	
DV31	<p>CHECK DV08A (a-j), DV16A (a,b), DV20, DV22, DV26, AND DV27:</p> <p align="center"> AT LEAST ONE 'YES' <input type="checkbox"/> </p> <p align="center"> NOT A SINGLE 'YES' <input type="checkbox"/> </p>		<p>→ DV35</p>
DV32	<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>	<p>→ DV34</p>
DV33	<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 FAMIL B</p> <p>CURRENT/FORMER HUSBAND/PARTNER C</p> <p>CURRENT/FORMER BOYFRIEND D</p> <p>FRIEND E</p> <p>NEIGHBOR F</p> <p>RELIGIOUS LEADER G</p> <p>DOCTOR/MEDICAL PERSONNEL H</p> <p>POLICE I</p> <p>LAWYER J</p> <p>SOCIAL SERVICE ORGANIZATION K</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	<p>→ DV35</p>
DV34	<p>Have you ever told any one about this?</p>	<p>YES 1</p> <p>NO 2</p>	
DV35	<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>	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
	THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																		
DV36	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 ADULT ..</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 ADULT ..	1	2	3	FEMALE ADULT	1	2	3	
	YES, ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT ..	1	2	3																
FEMALE ADULT	1	2	3																
DV37	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. _____ _____ _____																		
DV38	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>					END				
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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 CHANGES IN MENSTRUAL BLEEDING

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

(SPECIFY)

Z DON'T KNOW

(1) Year of fieldwork is assumed to be 2023. For fieldwork beginning in 2024, all references to calendar years should be increased by one; for example, 2018 should be changed to 2019, 2019 should be changed to 2020, and similarly for all years throughout the questionnaire.

(2) Response categories may be added for other methods, including fertility awareness methods.

			COL. 1	COL. 2	
2024	12	DEC	01		
	11	NOV	02		
	10	OCT	03		
	09	SEP	04		
	08	AUG	05		
	07	JUL	06		
	06	JUN	07		
	05	MAY	08		
	04	APR	09		
	03	MAR	10		
	02	FEB	11		
	01	JAN	12		
2023	12	DEC	13		
	11	NOV	14		
	10	OCT	15		
	09	SEP	16		
	08	AUG	17		
	07	JUL	18		
	06	JUN	19		
	05	MAY	20		
	04	APR	21		
	03	MAR	22		
	02	FEB	23		
	01	JAN	24		
2022	12	DEC	25		
	11	NOV	26		
	10	OCT	27		
	09	SEP	28		
	08	AUG	29		
	07	JUL	30		
	06	JUN	31		
	05	MAY	32		
	04	APR	33		
	03	MAR	34		
	02	FEB	35		
	01	JAN	36		
2021	12	DEC	37		
	11	NOV	38		
	10	OCT	39		
	09	SEP	40		
	08	AUG	41		
	07	JUL	42		
	06	JUN	43		
	05	MAY	44		
	04	APR	45		
	03	MAR	46		
	02	FEB	47		
	01	JAN	48		
2020	12	DEC	49		
	11	NOV	50		
	10	OCT	51		
	09	SEP	52		
	08	AUG	53		
	07	JUL	54		
	06	JUN	55		
	05	MAY	56		
	04	APR	57		
	03	MAR	58		
	02	FEB	59		
	01	JAN	60		
2019	12	DEC	61		
	11	NOV	62		
	10	OCT	63		
	09	SEP	64		
	08	AUG	65		
	07	JUL	66		
	06	JUN	67		
	05	MAY	68		
	04	APR	69		
	03	MAR	70		
	02	FEB	71		
	01	JAN	72		
2018	12	DEC	73		
	11	NOV	74		
	10	OCT	75		
	09	SEP	76		
	08	AUG	77		
	07	JUL	78		
	06	JUN	79		
	05	MAY	80		
	04	APR	81		
	03	MAR	82		
	02	FEB	83		
	01	JAN	84		

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS
