

Zambia 2023

Demographic and Health Survey

Interviewer's Manual

The DHS Program is a five-year project to assist institutions in collecting and analyzing data needed to plan, monitor, and evaluate population, health, and nutrition programs. The DHS Program is funded by the U.S. Agency for International Development (USAID). The project is implemented by ICF in Rockville, Maryland USA, in partnership with the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, PATH (formerly, the Program for Appropriate Technology in Health), Avenir Health, Vysnova Partners, Blue Raster, and EnCompass.

The main objectives of The DHS Program are to: 1) provide improved information through appropriate data collection, analysis, and evaluation; 2) improve coordination and partnerships in data collection at the international and country levels; 3) increase host-country institutionalization of data collection capacity; 4) improve data collection and analysis tools and methodologies; and 5) improve the dissemination and utilization of data.

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Recommended citation:

ICF. 2020. Demographic and Health Survey Interviewer's Manual. Rockville, Maryland, U.S.A.: ICF

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I. INTRODUCTION

The Zambia 2023 Demographic and Health Survey (DHS) is a national sample survey designed to provide information on population, fertility, family planning, marriage, maternal and child health, child survival, HIV/AIDS and other sexually transmitted infections (STIs), reproductive health, nutrition, gender issues, and tobacco and alcohol use in Zambia. The DHS will involve interviewing respondents from randomly selected households, and within selected households, women who are between age 15 and 49 and men who are between age 15 and 59 years. These respondents will be asked questions about their background, the children they have given birth to, their knowledge and use of family planning methods, the health of their children, their awareness of HIV/AIDS and STIs, and other information that will be helpful to policy makers and program planners in health and family planning fields.

You are being trained as an interviewer for the DHS. After the training course, which will take about four weeks to complete, selected interviewers will be working in teams and going to different parts of the country to interview households and women and men in these households. This is called fieldwork. Depending on the areas assigned to your team and on how well you perform the tasks given to you, you may be working on the Zambia 2023 DHS for up to 6 months. However, we have recruited more interviewers to participate in the training course than are needed to do the work, and at the end of the course, we will be selecting the best qualified among you to work as interviewers. Those not selected may be retained as alternates or other survey staff.

During the training course, you will listen to lectures about how to fill in the questionnaires correctly. You will also conduct practice interviews with other trainees and with strangers. You will be given periodic assignments, quizzes, and tests, and you will be observed conducting interviews to check that you read the questions and record the answers accurately.

You should study this manual carefully and learn its contents since this will reduce the amount of time needed for training and will improve your chances of being selected as an interviewer.

Note to users of the Interviewer's Manual

An assumption has been made throughout this manual that the Zambia 2023 DHS will be a CAPI (computer-assisted personal interviewing) survey. Although paper Household, Woman's, Man's, and Biomarker Questionnaires have been prepared for the Zambia 2023 DHS, only the paper Biomarker Questionnaire will be used in the field. The paper Household, Woman's, and Man's Questionnaires you will receive during this training will be used to explain questionnaire content including question text, probes, and coding categories.

While it is critical that you understand certain concepts that are necessary to ensure the correct flow of the questionnaire such as filters and skip patterns, each instance that they occur in the paper questionnaire will be listed in the manual, but their purpose will generally not be described because they will be performed automatically by the CAPI data entry program rather than manually by you. Similarly, you will only receive limited instruction on the proper procedures for completing a paper questionnaire (for example, how to correct a coding error). Instead, in a separate part of the training, you will receive instructions on the procedures used for completing a questionnaire through CAPI.

A. Survey Objectives

The ZDHS is part of a worldwide survey program. The international DHS Program is designed to:

- Assist countries in conducting household sample surveys to periodically monitor changes in population, health, and nutrition.
- Provide an international database that can be used by researchers investigating topics related to population, health, and nutrition.

As part of the international DHS Program, surveys are being carried out in countries in Africa, Latin America, the Caribbean, Asia, Eastern Europe, and the Middle East. Data from these surveys are used to better understand the population, health, and nutrition situation in the countries surveyed.

B. DHS Sample

There are several ways to gather information about people. One way is to contact every person or nearly every person in the country and ask them questions about what you need to know. Talking to everyone is called a complete enumeration, and a national census is a good example of this type of information gathering. This is very costly because it takes a lot of people to contact everyone. However, in cases such as a national census, it is necessary to have a complete enumeration despite the cost.

Another way to collect information is through a sample survey. When it is not necessary to know exact total numbers, a sample survey can collect information about people much more quickly and at a much lower cost. The sampling procedure allows us to collect data on a small number of people and draw conclusions that are valid for the whole country and subnational areas.

The accuracy of a sample survey depends, among other things, on the size of the sample. The exact number to be interviewed for any survey is determined by statistical methods which we will not discuss in this training session. What you should know, however, is that the sample size for this survey reflects the number of interviews that are needed to provide an accurate picture of the population, health, and nutrition situation in Zambia. Consequently, it is critical to a survey that fieldworkers try their hardest to complete all assigned interviews to ensure that the correct number of people are included in the survey.

The accuracy of a sample survey also depends on another major factor, the absence of bias that would affect the values estimated from the sample. One of the ways used to avoid bias in the results is to ensure that the selection of people included in the sample is absolutely random. This means that every person in the total population to be studied has the same opportunity (or a known probability) of being selected in the sample. This is why it is so important to make callbacks to reach those people who are not at home, since they may be different from people who are at home at the time of the survey. For example, it may be that women who have no children are more likely to be working away from the house, and if we don't call back to interview them, we may bias the fertility estimates.

For the ZDHS, the sample consists of 545 clusters (small geographically defined areas) spread throughout the country. The households in each of these clusters have recently been listed or enumerated. A sample of households was then scientifically selected to be included in the ZDHS survey from the listing in each of the clusters. Each of these households will be visited and information will be obtained about the household using the Household Questionnaire. Women and men within these households will be interviewed using an Individual Questionnaire. Women age 15-49 years will be interviewed using the individual Woman's Questionnaire. Men age 15-59 years will be interviewed using the individual Man's Questionnaire. We expect to interview about 15,069 women and 14,072 men in this survey. Studying the fertility, health, and family planning behavior and attitudes of these women and men will provide insights into the behavior and attitudes of persons in Zambia.

C. Survey Organization

The ZDHS is being conducted at the request of the Zambia Ministry of Health in partnership with the Zambia Statistics Agency (ZamStats), which has a primary role in planning for the survey and in the analysis and dissemination of the survey results.

ZamStats will serve as the implementing agency for the ZDHS. ZamStats will take responsibility for operational matters including planning and conducting fieldwork, processing of collected data and organizing the writing and distribution of reports. ZamStats will furnish the necessary central office space for survey personnel and will secure transport for the data collection activities. Each team will have a dedicated vehicle during fieldwork. Staff from ZamStats will be responsible for overseeing the day-to-day technical operations including recruitment and training of field and data processing staff and the supervision of the office and field operations.

Financial support for the ZDHS will be provided by the Zambia Ministry of Health, USAID, the Global Fund, UNICEF, Johns Hopkins University, UNFPA, and the World Bank. Staff of The DHS Program of ICF will provide technical assistance during all phases of the survey.

During the ZDHS fieldwork, you will work in a team consisting of 3 female interviewers, 2 male interviewers, 4 biomarker technicians, and a supervisor. Each team will be accompanied by 2 drivers. Each supervisor will be responsible for a team of interviewers and bio marker technicians. The specific duties of the supervisor are described in detail in the Supervisor's Manual.

In addition, the team will include four biomarker technicians, all of which will be certified as HIV counsellors according to national standards. These individuals will be responsible for drawing blood from eligible persons for anemia testing, HIV rapid diagnostic testing (RDT) and dried blood spots (DBS), and measles DBS. They will also be responsible for the anthropometric measurements of eligible women, men, and children. The supervisor will have also received an overview of biomarker procedures so that they may supervise the biomarker technicians and assist them as needed.

In the central office there will be a core team responsible for supervising fieldwork teams. These coordinators will ensure regular progress of data collection in the clusters. They will monitor data quality, resupply field teams, and provide for the regular transfer of blood samples and/or other specimens to the central office or a designated laboratory. Computer programmers also will be assigned to the project.

D. Survey Questionnaires

The households that have been scientifically selected to be included in the ZDHS sample will be visited and enumerated using a Household Questionnaire. The Household Questionnaire includes a cover page to identify the household and a form on which all usual members of the household and visitors are listed. This form is used to record some information about each household member and visitor, such as name, sex, age, education, and survival of parents for children under age 18. The Household Questionnaire also collects information on housing characteristics, such as type of water source, type of sanitation facility, type of cookstove, the quality of flooring, ownership of durable goods, and ownership and use of mosquito nets.

The Household Questionnaire permits the interviewer to identify women and men who are eligible to be interviewed with the relevant Individual Questionnaire. Women age 15-49 years and men age 15-59 years who are members of the household (those that usually live in the household) or visitors (those who do not usually live in the household but who stayed there the previous night) are eligible to be interviewed.

The Household Questionnaire also permits the interviewer to identify women and children who are eligible for anthropometry and anemia testing, HIV RDT and DBS, and Measles DBS. Women age 15-49 and children age 0-4 years will be weighed and measured (height or length) to assess their nutritional status. Among these same populations, women 15-49 and children over age 6 months are eligible for anemia testing. Children and adolescents aged 2-14 years are eligible for HIV testing (RDT and DBS). Women aged 15-49 and men 15-59 are also eligible for HIV testing (RDT and DBS). Children aged 6-59 months are eligible for MR DBS testing. Measurements and test results are recorded in the Biomarker Questionnaire.

After all of the eligible women in a household have been identified, if you are a female interviewer, you will use the individual Woman's Questionnaire to interview the women you are assigned. The Woman's Questionnaire collects information on the following topics, among others:

- Socio-demographic characteristics
- Reproduction
- Family planning
- Maternal health care and breastfeeding
- Vaccination and health of children
- Children's nutrition
- Woman's dietary diversity
- Marriage and sexual activity
- Fertility preferences
- Husband's background characteristics and woman's employment activity
- HIV/AIDS and other sexually transmitted infections
- Other health issues, such as mental health, fistula, diabetes, hypertension, and maternal mortality

Similarly, after all of the eligible men in a household have been identified, if you are a male interviewer, you will use the individual Man's Questionnaire to interview the men you are assigned. The Man's Questionnaire collects information on the following topics:

- Socio-demographic characteristics
- Reproduction
- Family planning
- Marriage and sexual activity
- Fertility preferences
- Employment and gender roles
- HIV/AIDS and other sexually transmitted infections
- Other health issues, such as mental health, diabetes, and hypertension

The Biomarker Questionnaire will be completed by the biomarker technician; it collects information on the following topics:

- Anthropometry: Children ages 0-4 years and women age 15-49 are eligible to be weighed and measured.
- Anemia: Children ages 6 months to 4 years and women age 15-49 are eligible to have their blood tested to determine the hemoglobin level. The results of the test are given to the parent or responsible adult for each child or, in the case of an adult, directly to the respondent. Depending on the hemoglobin level, respondents may be diagnosed with anemia (mild, moderate, or severe). Those with severe anemia will be referred for treatment. All participants will be provided with information about the causes and prevention of anemia.

- HIV: Dried blood spot (DBS) samples will be collected in the field with rapid diagnostic testing (RDT). Blood samples from the DBS will be transported to the central lab for testing. Results from the RDT will be provided to respondents in the field if they would like to know their results. Participants who test positive according to RDT results will be counselled and referred to a health facility.
- Measles serology testing will occur among children 6-59 months if caregivers consent to testing. DBS samples will be collected and transported to the lab with HIV samples for testing. In populations where HIV and MR are both conducted within this subsample, the testing will be done using the same DBS card. Results will not be shared with respondents.

E. Fieldworkers' Roles and Responsibilities

The **interviewer** occupies the central position in the DHS because he/she collects information from respondents. Therefore, the success of the DHS depends on the quality of each interviewer's work.

In general, the responsibilities of an interviewer include the following:

- Locating the structures and households in the sample, and completing the Household Questionnaire
- Identifying all eligible respondents in those households
- Interviewing all eligible respondents in the households using the individual Woman's or Man's Questionnaire
- Checking completed interviews to be sure that all the required questions were asked and the responses recorded correctly
- Returning to households to interview respondents who could not be interviewed during the initial visit
- Completing the relevant sections of the Biomarker Questionnaire, handing the questionnaire over to a biomarker technician, and receiving the completed Biomarker Questionnaire from the biomarker technician.

These tasks will be described in detail throughout this manual.

The **team supervisor** is the senior member of the field team. She/he is responsible for the well-being and safety of team members, as well as the completion of the assigned workload and the maintenance of data quality. The supervisor receives his/her assignments from the central office core team and reports back on the progress made and any other issues that the team may be facing. . The specific responsibilities of the supervisor are to:

- Make the necessary preparations for the fieldwork
- Organize and direct the fieldwork
- Conduct periodic spot-check re-interviews
- Ensure field staff complete their responsibilities
- Ensure all data collection tasks are completed daily and at the close of each cluster.

In addition, the team supervisor will monitor interviewer performance with the aim of improving and maintaining the quality of the data collected. Because the collection of high-quality data is crucial to the success of the survey, it is important that supervisors are mature, responsible women/men who execute their duties with care and precision. This is especially important during the initial phases of fieldwork, when it is possible to eliminate interviewer errors before they become habits.

The **biomarker technician** occupies an important position in the DHS because she/he collects information from respondents. This work includes:

- Receive the prepared Biomarker Questionnaire from the household interviewer and check that children's names, ages, and dates of birth have been filled out, and adults' names, age range, and marital status have been provided
- Obtain informed consent, according to the survey protocol, before collecting biomarkers
- Perform biomarker measurements and tests, and collecting samples for lab-based testing including:
 - Anthropometry using a Shorr board and SECA 874 weighing scale
 - Anemia using the HemoCue 201+
 - Blood collection for lab based HIV and MR testing using DBS cards
 - HIV point of care based on Zambia National HIV testing algorithm:
 - Determine HIV RDT 1/2 as first test
 - SD BIOLINE HIV RDT ½ 3.0 as second/confirmatory test
 - HIV lab-based testing:
 - Murex HIV Ag/Ab Combination as first test
 - Genscreen ULTRA HIV Ag/Ab as second test
 - Geenius HIV Assay as confirmatory test
- Refer severe anemia cases and children with severe wasting to healthcare facilities
- Complete the paper Biomarker Questionnaire, enter it into CAPI, then return the paper Questionnaire to the interviewer
- Ensure that the biomarker supplies are well-stocked and appropriately stored
- Follow bio-safety standard operating procedures per the protocol, including the safe disposal of biohazardous material.

The biomarker technicians will receive training on these responsibilities and procedures separately from the interviewer training; there will be joint sessions to review how interviewers and biomarker technicians work together.

F. Training of Interviewers

Although some people are more adept at interviewing than others, one can become a good interviewer through experience. Your training will consist of a combination of classroom training and practical experience. Before each training session, you should study this manual carefully along with the questionnaire, writing down any questions you have. Ask questions at any time to avoid mistakes during actual interviews. Interviewers can learn a lot from each other by asking questions and talking about situations encountered in practice and actual interviews.

Each of you will receive a package with the following materials.

- Household Questionnaire

- Individual Questionnaires (Woman's and Man's)
- Biomarker Questionnaire
- Interviewer's Manual
- CAPI Manual

Please ensure that you bring these materials each day during the training. The manuals and copies of the Biomarker Questionnaire should be brought to the field during fieldwork.

During the training, the questionnaire sections, questions, and instructions will be discussed in detail. You will see and hear demonstration interviews conducted in front of the class as examples of the interviewing process. You will practice reading the questionnaire aloud to another person several times so that you become comfortable with reading the questions aloud. You will also be asked to take part in role playing in which you practice by interviewing another trainee.

The training will include field practice interviewing in which you will actually interview household respondents and eligible women or men. You will be required to check and correct the questionnaires just as you would do in the actual fieldwork assignments.

You will be given assignments, quizzes, and tests to see how well you are progressing during your formal training period. At the end of the training course, the interviewers will be selected based on their test results and performance during the field practice.

The training you receive as an interviewer does not end when the formal training period is completed. Each time a supervisor meets with you to discuss your work, your training is being continued. This is particularly important during the first few days of fieldwork. As you run into situations you did not cover in training, it will be helpful to discuss them with your team. Other interviewers may be running into similar problems, so you can all benefit from each other's experiences.

G. Supervision of Interviewers

Training is a continuous process. Observation and supervision throughout the fieldwork are a part of the training and data collection process. Your team supervisor will play a very important role in continuing your training and in ensuring the quality of the ZDHS data. Your supervisor will:

- Spot-check some of the addresses selected for interviewing to be sure that you interviewed the correct households and the correct respondents;
- Review each questionnaire to be sure it is complete and consistent;
- Observe some of your interviews to ensure that you are asking the questions in the right manner and recording the answers correctly;
- Meet with you on a daily basis to discuss performance and give out future work assignments;
- Help you resolve any problems that you might have with finding the assigned households, understanding the questionnaire, or dealing with difficult respondents.

H. DHS Regulations

The survey director may terminate the service of any interviewer who is not performing at the level necessary to produce the high-quality data required to make the ZDHS a success.

For the workload to be equally divided and the support equally shared, the following survey regulations have been established and will be strictly enforced:

1. Except for illnesses, any person who is absent from duty during any part of the training or any part of the fieldwork (whether it is a whole day or part of a day) without prior approval from his/her supervisor may be dismissed from the survey.
2. The selection of the survey team members is competitive; it is based on performance, ability, and testing results during the training. Therefore, any person found offering assistance to or receiving assistance from another person during tests will be dismissed from the survey.
3. Throughout the survey training and the fieldwork period, you are representing ZamStats and MoH, both of which are organizations of the Government of Zambia. Your conduct must be professional and your behavior must be congenial in dealing with the public. We must always be aware that we are only able to do our work with the goodwill and cooperation of the people we interview. Therefore, any team member who is consistently overly aggressive, abrupt, or disrespectful to the people in the field may be dismissed from the survey team.
4. For the survey to succeed, each team must work closely together, sharing in the difficulties and cooperating and supporting each other. We will attempt to make team assignments in a way that enhances the cooperation and goodwill of the team. However, any team member who in the judgment of the survey director creates a disruptive influence on the team may be asked to transfer to another team or may be dismissed from the survey.
5. It is critical that the data gathered during the fieldwork be both accurate and valid. To control for inaccurate or invalid data, spot checks will be conducted. Interviewers may be dismissed at any time during the fieldwork if their performance is not considered adequate for the high quality this survey demands.
6. Vehicles and gasoline are provided for the survey for official use only. Any person using the vehicle for an unauthorized personal reason will be dismissed from the survey.
7. ZDHS data are confidential. **They should not be discussed with anyone other than members of your survey team.** Under no circumstances should confidential information be passed on to third parties. In keeping with this policy, it is also important that you never interview anyone you may know in the survey. Persons breaking these rules, and therefore the confidence placed in them, will be dismissed.

I. Sexual Harassment

Sexual harassment will not be tolerated during the process of conducting the 2023 ZDHS survey. By sexual harassment, we mean unwelcome sexual advances, requests for sexual favors, and other sexual comments or actions that make the receiver feel offended or intimidated. Sexual harassment may hurt work performance, and in some cases, an individual may feel that they must comply with the unwelcome advances or requests in order to keep their job. Sexual harassment can be committed by a man toward a woman, by a woman toward a man, or between two individuals of the same gender.

To avoid any appearance of sexual harassment, individuals should be careful to avoid unnecessary physical contact and suggestive language and should maintain a professional work climate at all times.

Anyone who feels that he or she has been the target of sexual harassment or who has witnessed an apparent incident of harassment should immediately report the incident to his or her supervisor, or to the survey coordinator from ZamStats. ZamStats is required to investigate the claim and keep reports confidential to the extent possible. ZamStats must take actions to prevent and correct harassing

behavior. These actions can include changing workspace, reassigning interviewers or supervisors to different teams, and other disciplinary actions. Retaliation against individuals filing complaints of sexual harassment will also trigger disciplinary action.

II. CONDUCTING AN INTERVIEW

Successful interviewing is an art and should not be treated as a mechanical process. Each interview is a new source of information, so make it interesting and pleasant. The art of interviewing develops with practice but there are certain basic principles that are followed by every successful interviewer. In this section you will find a number of general guidelines on how to build rapport with a respondent and conduct a successful interview.

A. Building Rapport with the Respondent

The supervisor will assign an interviewer to make the first contact with each of the households selected for the ZDHS. Any capable member of the household age 15 years or older is a suitable respondent for the household interview. If at least one eligible person is identified in the Household Questionnaire, the interviewer will go on to complete an Individual Questionnaire or pass the interview along to a colleague if they are not the same gender as the respondent.

As an interviewer, your first responsibility is to establish good rapport with a respondent. At the beginning of an interview, you and the respondent are strangers to each other. The respondent's first impression of you will influence their willingness to cooperate with the survey. Be sure that your manner is friendly as you introduce yourself. Before you start to work in an area, your supervisor will have informed the local leaders that you will be in the area. You will also be given a letter and an identification badge that states that you are working with ZamStats.

1. Make a good first impression.

When you arrive at the household, do your best to make the respondent feel at ease. With a few well-chosen words, you can put the respondent in the right frame of mind for the interview. Open the interview with a smile and greeting such as "good afternoon" and then proceed with your introduction.

2. Obtain respondent's consent to be interviewed.

You must obtain a respondent's informed consent for participation in the survey before you begin an interview. Special consent statements are included at the beginning of the Household Questionnaire and the Individual Questionnaires. The statements explain the purpose of the survey. They assure a respondent that participation in the survey is completely voluntary and that it is their right to refuse to answer any questions or stop the interview at any point. Be sure to read the informed consent statement exactly as it is written before asking a respondent to participate in a household or individual interview.

3. Always have a positive approach.

Do not adopt an apologetic manner, do not use words such as "Are you too busy?" Such questions invite refusal before you start.

4. Assure confidentiality of responses.

If the respondent is hesitant about responding to the interview or asks what the data will be used for, explain that the information you collect will remain confidential, no individual names will be used for any purpose, and all information will be grouped together to write a report.

Also, you should never mention other interviews or show completed questionnaires to the supervisor in front of a respondent or any other person.

5. Answer any questions from the respondent frankly.

Before agreeing to be interviewed, the respondent may ask you some questions about the survey or how he or she was selected to be interviewed. Be direct and pleasant when you answer.

The respondent may also be concerned about the length of the interview. If the respondent asks, tell female respondents that the interview usually takes about 45-120 minutes and tell male respondents that the interview usually takes about 30 minutes. If the respondent for the Household Questionnaire asks how long the interview will take, tell the respondent that the interview usually takes about 15-20 minutes. Indicate your willingness to return at another time if it is inconvenient for the respondent to answer questions then.

Respondents may ask questions or want to talk further about the topics you bring up during the interview, e.g., about specific family planning methods. It is important not to interrupt the flow of the interview so tell them that you will be happy to answer their questions or to talk further after the interview.

6. Interview the respondent alone.

The presence of a third person during an interview can prevent you from getting frank, honest answers from a respondent. It is, therefore, very important that the individual interview be conducted privately and that all questions be answered by the respondent.

If other people are present, explain to the respondent that some of the questions are private and ask to interview the person in the best place for talking alone. Sometimes asking for privacy will make others more curious, so they will want to listen; you will have to be creative. Establishing privacy from the beginning will allow the respondent to be more attentive to your questions.

If it is impossible to get privacy, you may have to carry out the interview with the other people present. However, in such circumstances, it is important that you remember that:

- If there is more than one eligible respondent in the household, you must not interview one in the presence of the other;
- Extra effort should be made to gain privacy if the other person is of the opposite sex, particularly the husband or wife. One way to ensure privacy in this case is to have the husband and wife interviewed simultaneously in two different areas of the household.

In all cases where other individuals are present, try to separate yourself and the respondent from the others as much as possible. You can also sit very near the respondent and lower your voice when asking the questions so that others who are nearby cannot hear the questions.

B. Tips for Conducting the Interview

1. Be neutral throughout the interview.

Most people are polite and will tend to give answers that they think you want to hear. It is therefore very important that you remain absolutely neutral as you ask the questions. Never, either by the expression on your face or by the tone of your voice, allow the respondent to think that he/she has given the “right” or “wrong” answer to the question. Never appear to approve or disapprove of any of the respondent’s replies.

The questions are all carefully worded to be neutral. They do not suggest that one answer is more likely or preferable to another answer. If you fail to read the complete question, you may destroy that neutrality. For example, the following is a question in the DHS: “Would you like to have another child or would you prefer not to have any more children?” It is a neutral question. However, if you only ask the first part—“would you like to have another child?”—you are more likely to get a “YES” answer. This is what we call a “leading question.” That is why it is important to read the whole question as it is written.

If the respondent gives an ambiguous answer, try to probe in a neutral way, asking questions such as the following:

“Can you explain a little more?”

“I did not quite hear you; could you please tell me again?”

“There is no hurry. Take a moment to think about it.”

2. Never suggest answers to the respondent.

If a respondent’s answer is not relevant to a question, do not prompt him/her by saying something like “I suppose you mean that. . . Is that right?” In many cases, he/she will agree with your interpretation of his/her answer, even when that is not what he/she meant. Rather, you should probe in such a manner that the respondent himself/herself comes up with the relevant answer. You should never read out the list of coded answers to the respondent, even if he/she has trouble answering.

3. Do not change the wording or sequence of questions.

The wording of the questions and their sequence in the questionnaire must be maintained. If the respondent has not understood the question, you should repeat the question slowly and clearly. If there is still a problem, you may reword the question, being careful not to alter the meaning of the original question. Provide only the minimum information required to get an appropriate response.

4. Handle hesitant respondents tactfully.

There will be situations where the respondent simply says, “I don’t know,” gives an irrelevant answer, acts very bored or detached, or contradicts something they have already said. In these cases, you must try to re-interest them in the conversation. For example, if you sense that they are shy or afraid, try to remove their shyness or fear before asking the next question. Spend a few moments talking about things unrelated to the interview (for example, their town or village, the weather, their daily activities, etc.).

If the respondent is giving irrelevant or elaborate answers, do not stop them abruptly or rudely, but listen to what they have to say. Then try to steer them gently back to the original question. A good atmosphere must be maintained throughout the interview. The best atmosphere for an interview is one in which the respondent sees the interviewer as a friendly, sympathetic, and responsive person who does not intimidate them and to whom they can say anything without feeling shy or embarrassed. As indicated earlier, a major problem in gaining the respondent’s confidence may be one of privacy. This problem can be prevented if you are able to obtain a private area in which to conduct the interview.

If the respondent is reluctant or unwilling to answer a question, explain once again that the same question is being asked of women or men all over Zambia and that the answers will all be merged together. If the respondent is still reluctant, in CAPI, you will write REFUSED as a comment to the question; further instructions on how to handle refusals in CAPI will be discussed during the CAPI portion of this training. In a paper questionnaire, write REFUSED next to the question and proceed as if nothing had happened. Remember, the respondent cannot be forced to give an answer.

5. Do not form expectations.

You must not form expectations of the ability and knowledge of the respondent. For example, do not assume women and men from rural areas or those who are less educated or illiterate do not know about various family planning methods.

However, remember that differences between you and the respondent can influence the interview. The respondent, believing that you are different from her/him, may be afraid or mistrustful. You should always behave and speak in such a way that she/he is put at ease and is comfortable talking to you.

Respondents may ask for things such as mosquito nets; never promise anything that you cannot provide as they may leave a negative impression of surveys with the respondent.

6. Do not hurry the interview.

Ask the questions slowly to ensure the respondent understands what is being asked. After you have asked a question, pause and give the respondent time to think. If the respondent feels hurried or is not allowed to formulate their own opinion, they may respond with “I don’t know” or give an inaccurate answer. If you feel the respondent is answering without thinking just to speed up the interview, say to the respondent, “There is no hurry. Your opinion is very important, so consider your answers carefully.”

C. Language of the Interview

The questionnaires for the ZDHS have been translated into Bemba, Kaonde, Lozi, Lunda, Luvale, Nyanja, and Tonga. One of the first things you will do when you approach a household to do an interview is to establish the language or languages that are spoken there. We will be arranging the field teams in such a way that you will be working in an area in which your language is spoken, so there should be few cases in which respondents do not speak your language. In such cases you might be able to find another language that both of you speak and you will be able to conduct the interview in that language.

However, in some cases, it will not be possible for you to find a language which both you and the respondent speak. In this case, try to find out if the respondent speaks a language which another member of your team or the team supervisor speaks. If so, tell your supervisor so that he or she can arrange for that person to conduct the interview. If the respondent does not speak a language which any of your team members speak, please communicate to the core team at the central office for further guidance.

We will be practicing interviews in the local languages during training. However, there may be times when you will have to modify the wording of the questions to fit local dialects and culture. It is very important not to change the meaning of the question when you rephrase it or interpret it into another language.

III. FIELDWORK PROCEDURES

Fieldwork for the ZDHS will proceed according to a timetable, and the survey will be successful only if each member of the interviewing team understands and follows correct field procedures. The following sections review these procedures and describe the proper procedures for receiving work assignments and keeping records of selected households.

A. Preparatory Activities and Assignments

1. Interviewer's assignments

Each morning, your supervisor will brief you on your day's work and explain how to locate the households assigned to you. The supervisor will use the CAPI system to assign households to you, and a list of assigned households will appear on your tablet computer. The process by which you receive assignments will be described in detail during the CAPI portion of this training. The information you will receive includes the household number, structure number, address, name of the head of the household.

When you receive your work assignment, review it and ask any questions you might have. Remember that your supervisor will not always be available to answer questions when the work begins. You should be sure that:

- You know the location of the selected households you are to interview, and have sufficient materials (maps, written directions, etc.) to find them;
- You understand any special instructions from your supervisor about contacting the households you are assigned;
- You have several blank Biomarker Questionnaires.

After completing a household interview, the final result code of the household interview will be indicated on your list of assigned households.

2. Making callbacks

Because each household has been carefully selected, you must make every effort to conduct interviews with the individuals who are identified as eligible in that household. Sometimes a household member eligible for interview will not be available at the time you first visit. You need to **make at least 3 visits on three separate days** when trying to obtain an individual interview to maximize the possibility of successfully completing the individual interview. Please note that you should still visit the household as many times as you possibly can in a day e.g. morning, afternoon and evening.

At the beginning of each day, you should examine your notes to see if you made any appointments for revisiting a household or eligible respondent. If no appointments were made, make your callbacks to a respondent at a different time of day than the earlier visits; for example, if the initial visits were made in the early afternoon, you should try to arrange your schedule so you make a call back in the morning or late afternoon. Scheduling callbacks at different times is important in reducing the rate of non-response (i.e., the number of cases in which you fail to contact a household or complete an individual interview).

3. Keeping information in the questionnaires confidential

You are responsible for seeing that the information in the questionnaires is kept confidential. Do not share the results with other interviewers. You should never interview a household in which you know one or more of the members, even if they are only casual acquaintances. If you are assigned to a household in which you know a person even if that person is not eligible for interview, you should notify your supervisor so he/she can assign that household to another interviewer. You should not attempt to see the completed questionnaires for that household nor discuss the interview results with your colleagues.

4. Supplies and documents needed for fieldwork

Before starting fieldwork each morning, verify that you have everything you need for the day's work. Some necessary supplies include:

- A fully charged tablet computer
- A sufficient number of Biomarker Questionnaires
- Interviewer's Manual
- Identification badge
- Blue ink pens
- A display book with pictures of mosquito nets, vitamin A ampules/capsules/syrups, iron tablets/syrup, etc. and/or samples of these items
- A bag to carry your tablet computer and other materials

B. Contacting Households and Eligible Respondents

1. Locating sample households

In recent months, household listing teams visited each of the selected sample clusters to:

- 1) prepare up-to-date maps to indicate the location of structures;
- 2) record address information for each structure or describe their location (for areas lacking street names or numbers on structures);
- 3) write numbers on structures; and
- 4) make a list of the names of the heads of households in all the structures.

A structure is a free-standing building for residential use, commercial use, or a combination of residential and commercial use. A structure may contain one or more rooms in which people live; examples include a villa house, a detached house, an apartment building, a gated house (urban area), or a compound (rural area). In the case where one household lives in a compound of several huts, all of the huts are considered to be a single structure, whether or not they are fenced.

Within a structure, there may be one or more dwelling (or housing) units. A *dwelling unit* is a room or group of rooms occupied by one or more households. It may be distinguished from the next dwelling unit by a separate entrance. For instance, there would be one dwelling unit in a thatched hut, but there may be 50 dwelling units in an apartment building or 5 dwelling units in a compound.

Within a dwelling unit, there may be one or more households. By definition, a *household* consists of a person or group of persons, related or unrelated, who live together in the same dwelling unit, who acknowledge one adult male or female as the head of household, who share the same living arrangements, and are considered as one unit. In some cases, one may find a group of people living together in the same house, but each person has separate eating arrangements; they should be counted as separate one-person households. Collective living arrangements such as hostels, army camps, boarding schools, or prisons are not considered as households in the DHS.

Specific households have been selected to be interviewed, and you should not have any trouble in locating the households assigned to you if you use the structure number and the name of the head of the household to guide you. The structure number is usually written above the door of the house, but sometimes it may be on the wall. Although the supervisor of your team will be with you in the field, it is important that you also know how to locate the structures in the sample by using the sketch map.

2. Problems in contacting a household

In some cases, you will have problems locating the households that were selected because the people may have moved or the listing teams may have made an error. Here are examples of some problems you may find and how to solve them:

a) The household has moved away and a new one is now living in the same dwelling. In this case, interview the new household.

b) The structure number and the name of the household head do not match with what you find in the field. If you have located the correct dwelling, you should consider the household that is living in the dwelling as the selected household.

Example: You are assigned a household headed by Chibesa Musamba that is listed as living in structure number DHS-004. But when you go to DHS-004, the household living there is headed by James Kakunta. After checking that you have not made a mistake about the structure or dwelling unit, you would interview the household headed by James Kakunta.

c) The household selected does not live in the structure that was listed. If there is a discrepancy between the structure number and the name of the household head, interview whoever is living in the structure assigned to you.

Example: You are assigned a household headed by Robert Mwanza located in DHS-007, and you find that the Mwanzas household actually lives in structure DHS-028. Interview the household living in DHS-007.

d) The listing shows only one household in the dwelling, but two or three households are living there now. When the listing shows only one household and you find two or three households, interview all of them. To interview the second and third households, you will use a menu option in the CAPI system called “Interview a household not in the original sample.”

If the listing shows two households, only one of which was selected, and you find three households there now, only interview the one that had been selected and ignore the other two.

e) The head of the household has changed. In some cases, the person listed as the household head may have moved away or died since the listing. Interview the household that is living there.

f) The house is all closed up and the neighbors say the people are on the farm (or away visiting, etc.) and will be back in several days or weeks. Enter Code ‘3’ (ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD). The house should be revisited at least two more times to make sure that the household members have not returned.

g) The house is all closed up and the neighbors say that no one lives there; the household has moved away permanently. Enter Code ‘6’ (DWELLING VACANT OR ADDRESS NOT A DWELLING).

h) A household is supposed to live in a structure that when visited is found to be a shop and no one lives there. Check very carefully to see whether anyone is living there. If not, enter Code '6' (DWELLING VACANT OR ADDRESS NOT A DWELLING).

i) A selected structure is not found in the cluster, and residents tell you it was destroyed in a recent fire or other incident. Enter Code '7' (DWELLING DESTROYED).

j) No one is home and neighbors tell you the family has gone to the market, church, the local health post, etc. Enter Code '2' (NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT) and return to the household at a time when the household members will be back.

Discuss with your supervisor any problems you have in locating the households that you are assigned to interview. Remember that the usefulness of the DHS sample in representing the entire country depends on the interviewers locating and visiting all the households they are assigned.

3. Identifying eligible respondents

To be “eligible” means to “qualify” for something. An eligible respondent is someone who is qualified to be included in our survey. You will use the Household Questionnaire to identify who is eligible to be interviewed with the Individual Questionnaire.

All women age 15-49 and men 15-59 in selected households who are either usual members of the household or visitors who stayed in the household the night before the day you are conducting the interview are considered eligible in the ZDHS. It is very important that you do not miss an eligible respondent when you fill in the Household Schedule.

In certain cases, you may find it difficult to decide whether or not a respondent is eligible. Use these examples as a guide:

Example(s): A visitor who spent the previous night in the house but is away at the market when you arrive is eligible. You must make callbacks to interview him/her.

A woman is a usual resident, but she spent the previous night away at her sister's house. She should be counted as a usual member of the household on the Household Schedule and is eligible to be interviewed.

A young woman is away at the university and only returns for very short visits. She is not a usual resident of the household.

An Individual Questionnaire must be completed for each eligible respondent that you identify in the household.

In some households, there will be no eligible respondents (i.e., there will be no usual household members or visitors of eligible age). For these households, you will have a completed Household Questionnaire only.

4. Problems in obtaining individual interviews

You may experience the following types of problems in obtaining an interview with an eligible respondent:

a) Eligible respondent not available. If the eligible respondent is not at home when you visit, enter Code '2' (NOT AT HOME) as the result for the visit and ask a neighbor or household member when

the respondent will return. You should contact the household at least three times, trying to make each visit at a different time of day. Under no circumstances is it acceptable to conduct all three visits on the same day and then stop attempting to contact the respondent.

b) Respondent refuses to be interviewed. The respondent's availability and willingness to be interviewed will depend in large part on the initial impression you make when you meet them. Introduce yourself and explain the purpose of the visit. Read the introduction printed on the Individual Questionnaire. You may emphasize the confidentiality of the information the respondent provides, and/or the short duration of the interview. If the respondent is unwilling to be interviewed, it may be that the present time is inconvenient. Ask whether another time would be more convenient and make an appointment. If the individual still refuses to be interviewed, enter Code '4' (REFUSED) as the result for the visit and report it to your supervisor.

c) Interview not completed. A respondent may be called away during the interview or may not want to answer all the questions at the time you visit them. If an interview is incomplete for any reason, you should arrange an appointment to see the respondent again as soon as possible to obtain the missing information. Be sure that the interview is categorized in the CAPI system as Code '5' (PARTLY COMPLETED). You should also report the problem to your supervisor.

d) Respondent incapacitated. There may be cases in which you cannot interview a person because they are too sick, because they are mentally unable to understand your questions, or because they are deaf, etc. In these cases, record Code '6' (INCAPACITATED).

C. Checking Completed Questionnaires

It is the responsibility of the interviewer to review each questionnaire when the interview is finished. This review should be done before you leave the household so that you can be sure that every appropriate question was asked and that all answers are clear and reasonable. If you identify a keying error that affects the skip instructions, you may need to talk further with the respondent. Simply explain to the respondent that you made an error and ask the question(s) again.

Anything out of the ordinary that occurred during the interview should be explained in the comments section at the end of the questionnaire. These comments are very helpful to the supervisor in checking questionnaires. Comments are also read in the office and used to resolve problems encountered during secondary editing.

D. Returning Work Assignments

At the end of the day, you will send the questionnaires you have completed to the team supervisor. The procedures for doing so will be presented in the CAPI portion of the training. Be prepared to tell your supervisor about any problems you experienced in locating a household or completing a Household Questionnaire or in conducting an interview with an eligible respondent. For difficult cases, at least three visits will be made to a household during the DHS in an effort to obtain a completed interview.

E. Data Quality

It is the responsibility of the supervisor to review both the Household Questionnaires and the Individual Questionnaires from a sample cluster while the interviewing team is still in the cluster. The types of checks the supervisor will perform will be discussed in the CAPI portion of the training. The supervisor will discuss with each interviewer the errors found in the collection of data. It may sometimes be necessary to send an interviewer back to a respondent in order to correct some errors.

F. Social Media Policy

The use of social media and other digital media is now common and continues to grow in popularity. Platforms and applications, including blogs, social networking sites (such as *Twitter* or *Facebook*), video streaming sites (such as *YouTube*), and digital messaging applications (*WhatsApp*), have made it easy for anyone to reach a wide audience very quickly. Public and private companies and their staff also use these platforms and sites to share work experiences, images, or videos taken in the workplace, or to seek professional advice from colleagues or friends. However, in the ZDHS, the use of social media may break the promise we make to our respondents to maintain their privacy and keep all information confidential. The ZDHS has also made a promise to the ICF Institutional Review Board and the Zambia Institutional Review Board to maintain anonymity of all survey respondents.

To fulfill our promise to all survey respondents to maintain strict confidentiality, all fieldworkers are obligated to follow these rules:

Social media rules for maintaining confidentiality of survey respondents	
1.	Survey staff have an ethical obligation to maintain respondent privacy and confidentiality at all times.
2.	Limiting access to social media postings by using privacy settings is not enough to ensure privacy or maintain the confidentiality of respondents.
3.	Do not transmit any respondent-related image or video that includes the respondent, respondent household members, or their homes, through any social media platform.
4.	Do not identify respondents, enumeration areas, or clusters by name through any social media platform. Do not post any information that may lead to the identification of a respondent or an enumeration area.
5.	Do not take any photos or videos of respondents or their homes – not even if the respondent gives permission – on personal mobile devices - including mobile phones, tablets, and cameras.
6.	Turn off or disable geolocation or geotagging permissions in social media applications on personal mobile devices while conducting fieldwork.
7.	Consult with a supervisor before making any work-related postings.
8.	Promptly report any violations of privacy or confidentiality.

What is geolocation and geotagging?

Geolocation or geotagging refers to identifying an object (for example a photo) by its location. Many social media platforms, including Twitter and Facebook, now include geolocation or geotagging, so users can add location information to their messages. The location information can be a broad location such as a city or village, or a precise location with the exact latitude and longitude of the location from which a message was sent. A fieldworker who posts a geolocated or geotagged social media message from the field violates confidentiality by disclosing the location of the cluster.

Geolocation or geotagging in social media applications may also have security implications. In security-risk countries, where fieldwork must undergo stringent protocols to protect field teams, it is imperative that survey-related staff disable geolocation from their personal devices so as to not give away secure locations.

Common Misunderstandings of Social Media

Misuse of social media is often unintentional and the result of misunderstandings of how social media platforms function. A number of factors may contribute to survey-related staff inadvertently violating survey respondent privacy and confidentiality while using social media.

Test your knowledge. TRUE or FALSE?

Q 1. A communication or post is private and can only be seen by the intended recipient. True or False?

FALSE. Why? Once you send or post something, it can be sent by someone else to others, without you knowing.

Q 2. You can always delete posted content and make it “go away”. True or False?

FALSE. Why? What happens on the Internet, stays on the Internet.

IV. GENERAL PROCEDURES FOR COMPLETING THE QUESTIONNAIRE

To collect the information needed by the ZDHS, you must understand how to ask each question, what information the question is attempting to collect, and how to handle problems that might arise during the interview. You must also know how to correctly record the answers the respondent gives and how to follow special instructions in the questionnaire. This part of the training manual is designed to familiarize you with the ZDHS paper questionnaire that you are using for training. However, a number of the concepts presented also apply to tablet computer-based interviewing but are done automatically by the CAPI program.

A. Asking Questions

It is very important that you ask each question exactly as it is written in the questionnaire. When you are asking a question, speak slowly and clearly so that the respondent will have no difficulty hearing or understanding the question. At times you may need to repeat the question to be sure the respondent understands it. In those cases, do not change the wording of the question but repeat it exactly as it is written.

If, after you have repeated a question, the respondent still does not understand it, you may have to restate the question. Be very careful when you change the wording, however, that you do not alter the meaning of the original question.

In some cases, you may have to ask additional questions to obtain a complete answer from a respondent (we call this ‘probing’). If you do this, you must be careful that your probes are “neutral” and that they do not suggest an answer to the respondent. Probing requires both tact and skill, and it will be one of the most challenging aspects of your work as a ZDHS interviewer.

You will notice that some questions contain one or more words in parentheses. As shown below, the presence of parentheses indicates that a sentence needs to be adapted to fit the respondent’s specific situation. In CAPI, most choice/substitutions will be done by the program.

1. Parentheses that indicate a choice must be made:

Example:

902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS	<input type="text"/> <input type="text"/>
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The question above is asked to female respondents. How you phrase the question—that is, which word in parentheses you choose to insert into the sentence—will depend on whether the respondent is married or is unmarried but lives with a man as if married. If the woman is married, you would ask “How old was your husband on his last birthday?” If the woman was unmarried but lives with a man, you would ask “How old was your partner on his last birthday?”

2. Parentheses that indicate a substitution must be made:

Example:

442	Was (NAME) weighed at birth?	YES 1 NO 2 DON'T KNOW 8	→ 444
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Notice that the word in parentheses is in all capital letters. As you will learn later (see Section D below), words in all caps are instructions to interviewers that are not meant to be read out loud. Instead, in this example, you should substitute in the name of the individual the question is being asked about. For instance, if you are asking about the weight of a woman’s son named Barack, ask “Was Barack weighed at birth?”

3. Parentheses that indicate an additional word may be needed:

Example:

804	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 807 → 813 → 811
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The way the respondent has answered a prior question can affect the way you will ask later questions. If you had learned that the respondent did not have any children, you would ask in Q. 804 “Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?” If you had learned that the respondent already had children, you would instead ask in Q. 804 “Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children?”

B. Recording Responses

All interviewers should use pens with blue ink to complete all paper questionnaires. Never use a pencil to complete the survey questionnaire.

There are three types of questions in the ZDHS questionnaire: 1) questions that have precoded responses; 2) questions that do not have precoded responses, i.e., those that are “open-ended;” and 3) filters.

1. Questions with pre-coded responses

For some questions, we can predict the types of answers a respondent will give. The responses to these questions are listed in the questionnaire. To record a respondent’s answer, you merely circle the number (code) that corresponds to the reply. Make sure that each circle surrounds only a single number.

Example:

113	Have you ever attended school?	YES ① NO 2	→ 117
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In some cases, pre-coded responses will include ‘OTHER.’ The OTHER code should be selected only when the respondent’s answer is different from any of the pre-coded responses listed for the question. Before using the OTHER code, you should make sure the answer does not fit in any of the specified

- **Boxes without preceding codes.** Whenever boxes are present without codes in front of them, you must enter information in all of the boxes.

Example: For a child born on 5 February 2011, you must record the day, month, and year.

220											
CHECK 216 AND 217: TYPE OF PREGNANCY OUTCOME.											
NOTE: IF 217=1, THEN PREGNANCY OUTCOME= BORN ALIVE.											
IF BORN ALIVE, ASK: On what day, month, and year was (NAME) born?											
IF BORN DEAD, A MISCARRIAGE, OR AN ABORTION, ASK: On what day, month, and year did this pregnancy end?											
<table style="margin: auto;"> <tr> <td style="padding: 2px;">DAY</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">5</td> </tr> <tr> <td style="padding: 2px;">MONTH</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">2</td> </tr> <tr> <td style="padding: 2px;">YEAR</td> <td style="border: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> </tr> </table>	DAY	0	5	MONTH	0	2	YEAR	2	0	1	1
DAY	0	5									
MONTH	0	2									
YEAR	2	0	1	1							

When a response has fewer digits than the number of boxes provided, you should fill in leading zeroes. For example, a response of '5' is recorded '05' in two boxes, or if three boxes had been provided, you would record '005'.

Recording the answer exactly as given. There are questions where you must write down the response in the respondent's own words. Try to record those answers exactly as they are given; if you need to shorten a lengthy description, be careful to keep the meaning accurate.

Example:

913	What is your occupation? That is, what kind of work do you mainly do?	<div style="text-align: center;"> <p>Selling fruit in</p> <hr style="width: 80%; margin: 0 auto;"/> <p>the market</p> <hr style="width: 80%; margin: 0 auto;"/> </div> <div style="text-align: right; margin-top: 10px;"> <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div>		

3. Marking filters

Filters require you to look back to the answer to a previous question and then mark an 'X' in the appropriate box. (See Section D.2 below for a description of filters.) In CAPI, filters will be automatically completed.

Example:

118	CHECK 117:	CODE '2', '3' OR '4' CIRCLED <input checked="" type="checkbox"/>	CODE '1' OR '5' CIRCLED <input type="checkbox"/>	→ 120
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C. Correcting Mistakes

When working with a paper questionnaire, it is very important that you record all answers neatly. For precoded responses, be sure that you circle the code for the correct response carefully. For open-ended responses, the reply should be written legibly so that it can be easily read. If you made a mistake in entering a respondent's answer or she changes her reply, be sure that you cross out the incorrect response and enter the right answer. Do not erase an answer. Just put two diagonal lines through the incorrect response.

Here is how to correct a mistake:

Example:

1008	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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Remember that if you are not careful to cross out mistakes neatly, it may not be possible to determine the correct answer when the data are entered later into the computer.

D. Following Instructions

Throughout the ZDHS questionnaire, instructions for the interviewer are written in all CAPITAL LETTERS, whereas questions to be asked of the respondent are printed in small letters. You should pay particular attention to the skip and filter instructions that appear throughout the questionnaire.

1. Skip instructions

It is very important not to ask a respondent any questions that are not relevant to his or her situation. For example, a woman who is not pregnant should not be asked for how many months she has been pregnant. In cases where a particular response makes subsequent questions irrelevant, an instruction is written in the questionnaire directing you to skip to the next appropriate question. In CAPI, skips occur automatically based on the information you have already entered.

Example: In Q. 232, notice that if you selected Code '2' or Code '8' you would skip to Q. 236. Q. 233 is about how many weeks or months the respondent is pregnant and is only asked of women who responded 'YES' to Q. 232.

232	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 236
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2. Filters

To ensure the proper flow of a paper questionnaire, you will sometimes be directed to check a respondent's answer to an earlier question, indicate what the response was by marking a box with an 'X', and then follow the relevant skip instruction. Questions of this type are called "filters"; they are used to prevent a respondent from being asked irrelevant, and perhaps embarrassing or upsetting, questions.

The CAPI program will automatically complete the filter based on the information you have already entered.

Example:

302	CHECK 232:	NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input checked="" type="checkbox"/> → 317
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E. Using Display Booklets or Show Cards

This booklet will include text for the literacy test and images of mosquito nets, iron tablets/syrup/multiple micronutrient supplement, vitamin a ampules/capsules/syrups, and sp/fansidar, acts, and other common medications.

V. HOUSEHOLD QUESTIONNAIRE

The purpose of the Household Questionnaire is to provide information on general characteristics of the population and their households. You will use it to identify women who are eligible to be interviewed with the Woman's Questionnaire, men who are eligible to be interviewed with the Man's Questionnaire, and children, women, and men who are eligible for the Biomarker Questionnaire.

A. Identification of the Household

Before you go to a selected household, you will receive the identification information that appears in the box at the top of the cover page from your supervisor. This information includes:

- The name of the place or locality in which you are working.
- The name of the head of the household.
- The cluster number and household number.

The rest of the cover page will be completed after you have conducted the interview.

B. Completing the Household Questionnaire

To complete the Household Questionnaire, you will need to find a suitable respondent. Any adult member of the household age 15 or older who is capable of providing information needed to fill in the Household Questionnaire can serve as the respondent. If an adult is not available, do **not** interview a young child; instead, go on to the next household, and call back at the first household later.

Generally, you will ask a single individual in the household for the information you will need to complete the Household Questionnaire. However, as appropriate, you may need to consult other members of the household for specific information.

INFORMED CONSENT

After introducing yourself, you must seek the respondent's consent for participation in the survey. Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey. It assures the respondent that his or her participation in the survey is completely voluntary and that he or she can refuse to answer any questions or stop the interview at any point.

After reading the statement, you must affirm that you have read the statement to the respondent. In a paper questionnaire, you do this by signing in the space provided. In a CAPI survey, you do this by selecting '1' (RESPONDENT AGREES TO BE INTERVIEWED).

If the respondent does not agree to be interviewed, select '2,' thank the respondent, and end the interview. Then select '5' (REFUSED) as the result code for the visit.

Q. 100: TIME

The time of the day you start the household interview will be automatically recorded using the 24-hour system.

HOUSEHOLD SCHEDULE (Qs. 1-20)

Be sure to read the introductory sentence (in Column 2) to inform the respondent that you are interested in getting information about all usual household members and any other persons who stayed in the household the night before the interview.

Column 1: LINE NUMBER

In Column 1, each row of the household schedule is assigned a unique number. This number is referred to as the 'Line Number.' It is used to identify the person listed on that row and to link all information collected later in the household and individual interviews to that person. The CAPI system will automatically assign a line number to each person you list in the household schedule. While the paper questionnaire only provides space for 10 persons, the CAPI program will allow you to list up to 50.

Column 2: USUAL RESIDENTS AND VISITORS

The first step in completing the household schedule is to make a list of all persons who usually live in the household and any visitors who stayed in the household the previous night. To get a correct listing, you will have to know what we mean by a member of the household and what we mean by a visitor:

- Member of the household. A household may be one person or a group of persons who usually live and eat together. This is not the same as a family. A family includes only people who are related, but a household includes any people who live together, whether or not they are related. For example, three unrelated men who live and cook meals together would not be considered one family, but they would be considered to be members of the same household.
- Visitor. A visitor is someone who is not a usual member of the household but who stayed in the household the night before the day you are conducting the interview. If an individual stayed in the household the previous night, he or she should be listed on the Household Schedule.

Sometimes, it is not easy to know whom to include in the household and whom to leave out. Here are some examples:

- A woman lists her husband as head of the household, but he lives somewhere else. If he does not usually live in the household you are interviewing, and he did not stay there the previous night, he should not be included in the listing.
- Sometimes, people eat in one household and sleep in another. Consider the person to be a member of the household where he or she sleeps.
- A person living alone is a household.
- A domestic worker is a member of the household if he or she usually lives in the household.

Anyone included in the household listing has to be either a usual resident of that household—Column 5 is YES—or has to have spent the previous night in the household—Column 6 is YES.

As your respondent lists the names, write them down, one in each row in Column 2, **beginning with the household head**. The person who is identified as the head of the household has to be someone who usually lives in the household. This person may be acknowledged as the head on the basis of age (older), sex (often, but not necessarily, male), economic status (main provider), or some other reason. It is up to the respondent to define who heads the household. There generally should not be a problem with this.

If the person responding to the household interview is not the head of household, then you may record this person on the second line.

After entering a name, you will ask the questions in Columns 3 to 7 ***before*** going on to record the name of the next person.

Column 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

Record how the person listed is related to the head of the household. Use the codes at the bottom of the page. **If the respondent is not the head of the household, make sure that you record the relationship of each person to the household head, not the relationship to the respondent.**

Example: if the respondent is the wife of the head of the household and she says that Simon is her brother, then Simon should be coded as Code 09 (OTHER RELATIVE) not Code 08 (BROTHER OR SISTER), because Simon is a brother-in-law of the head of the household.

If the head of the household is married to a woman who has a child from a previous marriage, that child's relationship to the head of the household should be coded as Code 10 (ADOPTED/FOSTER/STEPCHILD).

Column 4: SEX

Always confirm the sex of a person before recording it in Column 4 since there are many names that may be given to either a male or female.

Columns 5 and 6: RESIDENCE

In Column 5, record information on the person's usual residence. A usual member of the household may or may not have stayed in the household the night before the interview. However, a visitor must always have stayed in the household the night before the interview to be included in the household schedule.

If after asking these residence questions you learn that the person does not usually live in the household—Column 5 is NO—and did not sleep there the night before—Column 6 is also NO—you will have to delete this person from the listing because he/she is neither a usual member nor a visitor.

Column 7: AGE

If you have difficulty obtaining the ages of household members or visitors, use the methods described for Qs. 110 and 111 in the Woman's Questionnaire to probe for the correct age. You are to obtain each person's age in completed years, that is, the age at the time of the last birthday.

When you have completed columns 2-7 for each household member or visitor, you want to be certain you have included everyone who should be listed before continuing with the rest of the questionnaire. **To do this, ask questions 7A-7C at the end of the Household Schedule.** If the answer to any of these questions is YES, add those persons' names to the list.

After completing Columns 2 through 7 for all household residents and any visitors, start with the person listed on Line 01 and move across the page, asking each appropriate question in Columns 8 through 20. When you have completed the information for the person on Line 01, the CAPI program will automatically move to the person listed on Line 02, etc.

Column 8: MARITAL STATUS

Column 8 is concerned with the current marital status of respondents who are 15 years or older. The CAPI program will not allow you to record an answer in Column 8 if the respondent is 14 years or younger.

The coding category ‘married or living together’ includes both respondents who are legally married and respondents in informal unions. An informal union is one in which the man and woman live together for some time, intending to have a lasting relationship, but have not had a formal civil or religious ceremony.

If a respondent states that a household member or visitor is “single,” probe to determine the appropriate coding category (‘divorced/separated,’ ‘widowed,’ or ‘never married and never lived together’).

People who once lived together as if married but are currently not living together as if married would be considered “separated”. People who once lived together as if married but whose partner died while living together as if married would be considered as widowed.

Columns 9, 10 and 11: ELIGIBILITY

The CAPI program will check columns 4 and 7 and automatically identify women age 15-49 in Column 9. If the household is selected for the Man’s Survey, the CAPI program will also identify men age 15-59 in Column 10. These individuals are “eligible” respondents, and they qualify for an interview using the Individual Questionnaire and for biomarker collection. Remember, the respondent may be a usual resident of the household or only a visitor.

The CAPI program will also identify children age 0-14 who may be eligible for anthropometric measurement, anemia testing, measles serology testing, and/or HIV DBS and RDT testing. If the household is not selected for anthropometry or anemia testing, the CAPI program will skip Column 11.

Columns 12-15: SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL MOTHER AND FATHER

For all children who are 0-17 years old, we want to know whether their biological parents are listed in the Household Schedule. This information will be used to measure the prevalence of orphanhood and child fostering and to identify vulnerable children in the population. For everyone age 18 years and older, the CAPI program will not allow you to record an answer in Columns 12 through 15 and they will appear blank.

First, ask whether the child’s biological mother is alive. By “biological” we mean the woman who gave birth to the child. In many cultures, people consider other people’s children whom they are raising their own, especially children of their husband or sisters, etc. So, you should be certain that the respondent understands that you are asking about the child’s biological mother.

If the mother is still alive, ask the question in Column 13 to determine whether she lives in the household or is a visitor. If the mother does live in the household or is a visitor, ask who she is (she should be listed on the schedule if she lives in the household or is a visitor) and enter/select her Line Number in Column 13. If the child’s biological mother is still alive but does not live in the household and is not a visitor, enter/select ‘00’ in the boxes in Column 13. Column 13 will be skipped when the child’s biological mother is no longer alive or the respondent is not sure if the mother is alive.

Follow the same procedure for the child’s biological father—Columns 14 and 15—as you do for the biological mother.

Columns 16 and 17: EVER ATTENDED SCHOOL

Questions on education are not to be asked for people who are younger than three years old. For anyone age 0-2 years, the CAPI program will leave these columns blank.

The term “school” means formal schooling, which includes primary, secondary, and post-secondary schooling, and any other intermediate levels of schooling in the formal school system. This definition does not include daycare, Bible school or Koranic school, or short courses like typing or sewing. However, it does include technical or vocational training beyond the primary school level, such as long-term courses in computer software or trades such as mechanics, plumbing, or electrical work.

Early childhood education is listed for children who have not attended the first grade of primary school, but have attended some form of organized learning or early childhood education program, whether or not such a program is considered part of the school system. The definition of an organized early learning program does not refer to a program offering only babysitting or child-minding.

If the person has never attended school or an early childhood education program, the CAPI program will leave Columns 17 through 19 blank.

If the person has attended school or an early childhood education program, you will record the highest level the person has attended in the first box on the left in Column 17. Do this by using the codes at the bottom of the page. Then record the highest grade (form/year) the person completed at that level.

Example: A child who is currently in the third year of primary school (LEVEL 1) would have completed GRADE 02 (she has not yet completed the third year).

A man who has completed all the grades of primary school but has not gone on to attend secondary school would be LEVEL 1, GRADE 07.

A man who left during his first year of secondary school would be recorded as LEVEL 2 and GRADE 00 because the highest level he attended was secondary, but he did not finish any grade at that level.

A woman who attended of the second year of secondary school but did not pass the grade would not count as having completed the grade. She would be recorded as LEVEL 2, GRADE 01.

A respondent knows her son went to primary school but does not know what grade he completed. Record ‘1’ for the level and ‘98’ (DON’T KNOW) for the grade.

For those attending higher education, you will need to PROBE to find out how many years of higher education they have completed. For example, if someone completed 4 years of university and then did a 2 year masters, you would record 6.

Columns 18 through 19: CURRENT RECENT SCHOOL ATTENDANCE

The questions in Columns 18 and 19 are concerned with recent school attendance. They should be asked of all persons’ age 3-24 years who ever attended school or an early childhood education program.

The term “attending school or any early childhood education program” refers to whether the person generally attends school; it does not measure how often a person actually goes to school but whether the person attends school at all. If a person goes to school occasionally, or usually goes to school but

has been absent from school recently, record YES. Record 'NO' only if the person did not attend at all in the current school year.

If the person was in school during the current school year 2023-2024, record the level and grade the person is/was attending in Column 19.

If a person is repeating a grade, the level and grade recorded in Qs. 16-17 will be lower than the level and grade entered into Qs. 18-19. For example, John Lombe was in grade 5 in 2022. Because he was not doing well at school, his parents decided that he should still go back to grade 5 so that he catches up in the subjects he was lagging behind. In this case, despite him having 'completed' grade 5, for the purposes of the DHS, his current attendance is Grade 5 and the completed is Grade 4 as he did not successfully complete grade 5 the first time.

When asking the question in Column 18 during school breaks, you should be very careful to emphasize the calendar year(s) to which the questions refer.

Column 20: BIRTH REGISTRATION

In this question we are seeking information about whether children ages 0-4 years have a birth certificate. This is because prompt registration at birth is seen as an essential means of protecting a child's right to identity, as well as respect for other child rights. The lack of a birth certificate may prevent a child from receiving health care, nutritional supplements and social assistance, and from being enrolled in school.

We begin by asking if the child has a birth certificate (a baptismal certificate if not issued by a government authority cannot be considered a birth certificate). If the respondent says the child does not have a birth certificate, then ask if the child's birth was ever registered with the civil authorities. In the box in Column 20, record '1' if the child has a birth certificate. Record '2' if the child does not have a birth certificate but has been registered with the civil authorities; record '3' if the child does not have a birth certificate and has not be registered; and record '8' if the respondent does not know.

DISABILITIES (HH Qs. 26 – 35)

Columns 26 through 35: DISABILITIES

Disability is an umbrella term for impairments, activity limitations and participation restrictions. Disability is impossible to describe in one or two sentences, partly because it covers a huge range of things and also touches a large number of people. It is likely to affect everyone at some stage in their lives. Generally, a disability is inability or great difficulty in performing one or more major life activities in the person's current social environment, either because of a physical, mental, or psychological illness, or an impairment with any part of the body, such as a missing, or damaged part of the body.

Major life activities include the following:

- Having a full range of movement while standing, lifting, walking and so forth,
- Having intact senses (vision, hearing, touch, smell, taste, balance),
- Communicating with others (speaking and writing),
- Learning and working,
- Caring for oneself in hygiene and homemaking,
- Using mental processes such as thinking, concentrating, and problem solving,
- Interacting with others and developing and maintaining relationships.

Questions 26 through 35 are asked for each household member and visitor who spent the night before the survey (column 5 and/or column 6 = YES) and who are age 5 and older. The questions ask about *difficulty* with vision, hearing, communicating/understanding, memory or concentration, walking, and the capacity to undertake basic activities such as washing or dressing. If a person is experiencing difficulty in any of the areas, information is sought about the degree of difficulty that he/she has.

Having *difficulty* with an activity means:

- Being unable to perform the function
- Increased effort to perform the function
- Discomfort or pain when performing the function
- Slowness in performing the function

The answer categories are set up so that the respondent can indicate the level of difficulty.

1. NO DIFFICULTY
2. SOME DIFFICULTY
3. A LOT OF DIFFICULTY
4. CANNOT DO AT ALL
8. DON'T KNOW

Each question starts with an introduction asking about specific functions.

Columns 26 - 28: SEEING

People with difficulty seeing may be born with this difficulty or acquire one later in life. It is important to note that most people who are registered blind may retain partial sight; only a very small percentage are totally blind. People who have difficulty seeing may have different degrees of sight and their difficulty may differ. Some people may have blurred vision, or may not be able to judge distances and speed, or to distinguish between objects that have a similar color or shape. Others who have difficulty seeing may only see things that are very close, or have a restricted range of vision, such as tunnel vision and no peripheral vision.

The purpose of this question is to identify persons who have vision difficulties or problems of any kind even when wearing glasses or contact lenses (if they wear glasses/contacts). They can have a problem seeing things close up or far away. They may not be able to see out of one eye or they may be only able to see directly in front of them, but not to the sides. Any difficulty with vision that they consider a problem should be captured.

Seeing refers to an individual's capacity to perceive or observe what is happening around them.

If a respondent is hesitant about the degree of difficulty a household member/visitor experiences, ask them for their best judgment.

Columns 29 - 31: HEARING

The purpose of these questions is to identify persons who have some hearing limitation or problems of any kind with their hearing even when using a hearing aid (if they wear a hearing aid). They can have a problem hearing only when they are in a noisy environment, or they may have problems distinguishing sounds from different sources. They may not be able to hear in one ear or both. Any difficulty with hearing that they consider a problem should be captured.

Hearing refers to an individual's capacity to know what is being said to them or the sounds of activity, including danger, that is happening around them.

Column 32: COMMUNICATING: UNDERSTANDING AND BEING UNDERSTOOD

Some people with speech and language disabilities may have difficulties in articulating sounds or understanding and formulating thoughts in spoken words. These difficulties may be immediately perceptible, or they may not emerge until discussion focuses on more abstract matters. Difficulties in speech and language may be associated with particular conditions, e.g. when the facial muscles are affected, as in stroke and cerebral palsy.

The purpose of this item is to identify persons who have some problems with talking, listening or understanding speech. They can have a problem making themselves understood, or the problem may be that they can't understand people who talk to them or try to communicate with them in other ways. Sometimes they can be understood by members of the household who are familiar with them, but have difficulty to be understood outside the household.

Communicating refers to a person exchanging information or ideas with other people through the use of language. They may use their voices for their exchange or make signs or write the information they want to exchange. Communication can be interrupted at numerous places in the exchange process. It may involve mechanical problems such as hearing impairment or speech impairment, or it may be related to the ability of the mind to interpret the sounds that the auditory system is gathering and to recognize the words that are being used.

Sometimes people confuse difficulties communicating with the ability to speak a language fluently, if someone has no problems communicating in one language but struggles to communicate in a different language because they don't know the language well, we do not consider them as having difficulties with communication.

Column 33: REMEMBERING AND CONCENTRATING

The purpose of this question is to identify household members or visitors age 5 and older who have some problems with remembering or concentrating. They can have a problem finding their way around, or the problem can be that they can't concentrate on what they are doing, or they may forget where they

are or what month it is. They may not remember what someone just said to them or they may seem confused or frightened about most things. Any difficulty with remembering, concentrating or understanding what is going on around them should be captured. We do not intend to capture difficulties remembering or concentrating because of common everyday situations such as high workload or stress, or as a result of substance abuse.

Remembering refers to an individual using his/her memory capacity in order to recall what has happened around them. It means the individual can bring to mind or think again about something that has taken place in the past (either the recent past or further back). In connection with younger people, remembering is often associated with storing facts learned in school and being able to retrieve them when needed.

Concentrating refers to an individual using his mental ability to accomplish some task such as reading, calculating numbers, learning something. It is associated with focusing on the task at hand in order to complete the task. It is the act of directing ones full attention to one subject or to focus without distraction on one thing.

Column 34: WALKING, CLIMBING STEPS

The causes of difficulties walking or climbing steps might have started at birth or might be acquired later in life. The causes can vary widely, and can affect the person's bones, muscles, joints, nerves, tendons, spinal cord, sensory organs, and/or the brain. The condition leading to the difficulty can be stable or degenerative (as in the case of multiple sclerosis) and may render individuals unable to perform the same range of physical activities that those without these difficulties do and, consequently, they may face barriers of access.

The purpose of this question is to identify persons who have some limitation or problems of any kind getting around on foot. It may or may not contribute to difficulty in doing their daily activities. They can have a problem walking more than a block, or short or long distances, or the problem can be that they can't walk up or down steps without difficulty. They may not be able to walk any distance without stopping to rest or they may not be able to walk without using some type of device such as a cane, a walker, or crutches. In some instances, they may be totally unable to stand for more than a minute or two and need a wheelchair to get from place to place.

In addition to problems with the musculoskeletal system, difficulties walking can include those resulting from impairments in balance, vision, endurance, or other systems. Any difficulty with walking (whether it is on flat land or up or down steps) should be captured.

Walking refers to an individual using his/her legs in such a way as to propel themselves over the ground to get from point A to point B. The capacity to walk should be without assistance of any device or human. If such assistance is needed, the person has difficulty walking.

Column 35: WASHING and DRESSING

The purpose of this question is to identify persons who have difficulty with taking care of themselves independently. Washing and dressing represent tasks that occur on a daily basis and are basic activities. Note if the person is using an assistive device or has a person to help them with this function, it is highly likely they have difficulty with self-care.

Washing all over refers to the process of cleaning one's entire body (usually with soap and water) in the usual manner for the culture. The washing activity includes cleaning hair and feet, as well as gathering any age and culturally appropriate items necessary for bathing such as soap or shampoo, a wash cloth, or water.

Dressing refers to all aspects of putting clothing or garments on the upper and lower body including the feet if culturally appropriate. Gathering clothing from storage areas (i.e. closet, dressers), securing buttons, tying knots, opening and closing zippers, etc., are example of aspects of dressing that could be considered by the respondent. The aspects of dressing should be age and culturally appropriate.

HOUSEHOLD CHARACTERISTICS (Qs. 101-156)

After asking the questions about each member of the household, you will ask Questions 101 through 156 about household amenities and possessions.

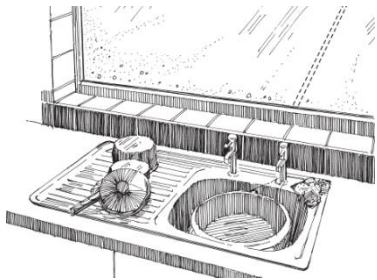
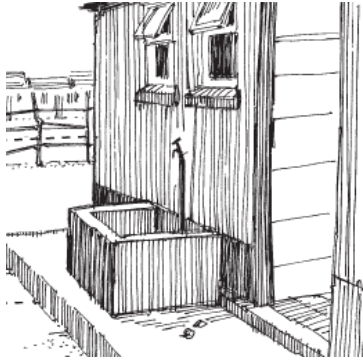
Q. 101: HOUSEHOLD DRINKING WATER



The aim of this question is to identify the household's main source of drinking water. If drinking water is obtained from several sources, probe to determine the source from which the household obtains most of its drinking water. If the source varies by season, record the main source used at the time of the interview.

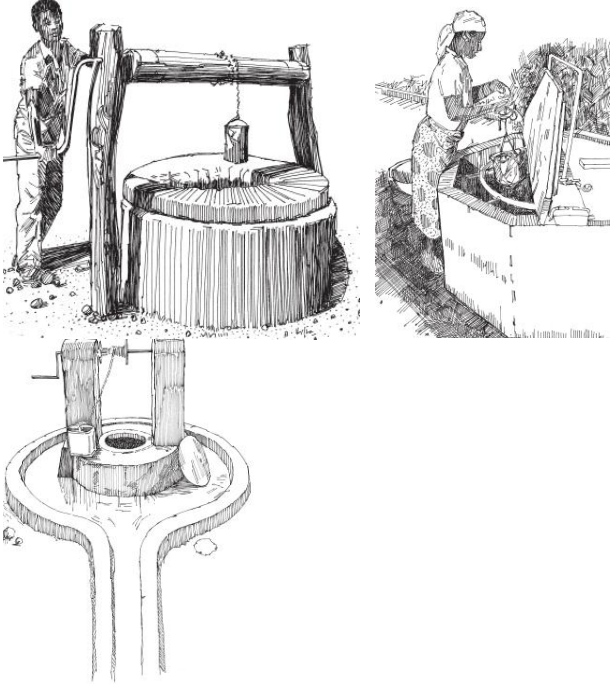

Q. 102: MAIN SOURCE OF WATER FOR OTHER PURPOSES


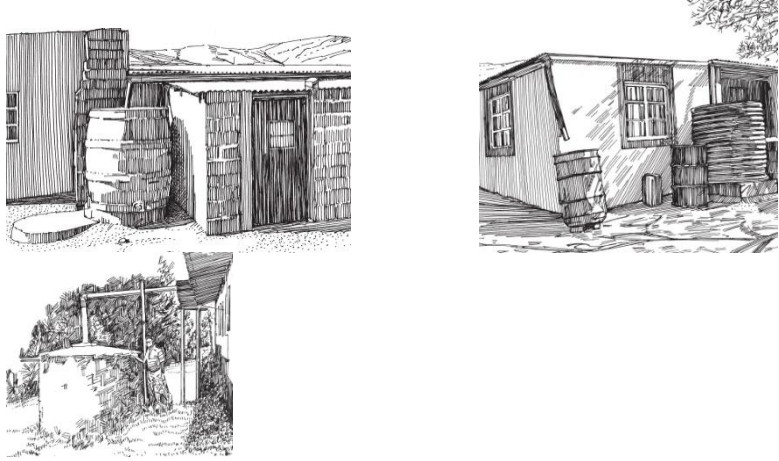
Households that use bottled or sachet water as a source of drinking water are asked for the main source of water for cooking and handwashing to identify the source of water to which the household has general access.

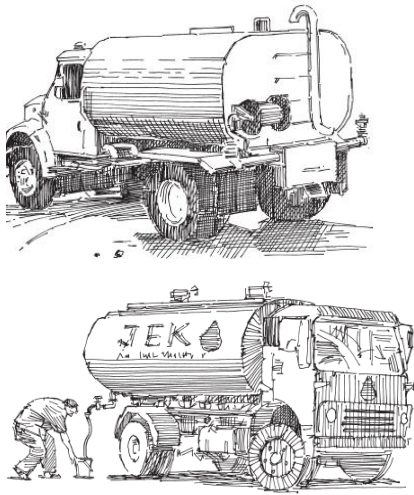
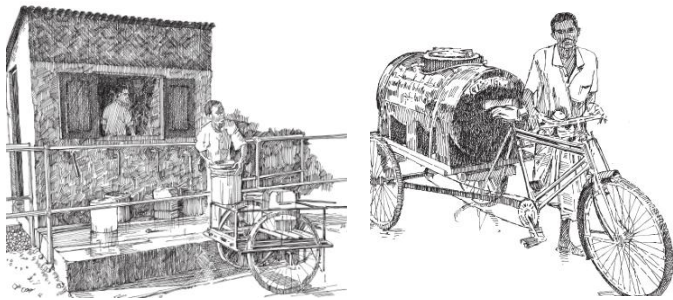

The table below provides definitions of the water source response categories in Qs. 101 and 102.

Definitions of Water Source Codes for Qs. 101 and 102	
<u>Response Categories</u>	<u>Definition</u>
Piped into dwelling	<p>Pipe connected with in-house plumbing to one or more taps, e.g. in the kitchen and bathroom. Sometimes called a house connection. Regardless of the source of the water, if it is piped into the dwelling, it should be classified as such.</p> 
Piped to yard/plot	<p>Pipe connected to a tap outside the house in the yard or plot. Sometimes called a yard connection.</p> 

<p>Piped to neighbor</p>	<p>Pipe connected to neighbor's dwelling, yard, or plot.</p>
<p>Public tap or standpipe</p>	<p>Public water point from which community members may collect water. A standpipe may also be known as a public fountain or public tap. Public standpipes can have one or more taps and are typically made of brickwork, masonry or concrete.</p> 
<p>Tube well or borehole</p>	<p>A deep hole that has been driven, bored, or drilled with the purpose of reaching ground water supplies. Water is delivered from a tube well or borehole through a pump which may be human, animal, wind, electric, diesel, or solar-powered.</p> 

<p>Protected dug well</p>	<p>A dug well that is (1) protected from runoff water through a well lining or casing that is raised above ground level and a platform that diverts spilled water away from the well and (2) covered so that bird droppings and animals cannot fall down the hole. Both conditions must be observed for a dug well to be considered as protected.</p> 
<p>Unprotected dug well</p>	<p>A dug well which is (1) unprotected from runoff water; (2) unprotected from bird droppings and animals; or (3) both.</p> 

<p>Protected spring</p>	<p>A spring protected from runoff, bird droppings, and animals by a “spring box” which is typically constructed of brick, masonry, or concrete and is built around the spring so that water flows directly out of the box into a pipe without being exposed to outside pollution.</p> 
<p>Unprotected spring</p>	<p>A spring that is subject to runoff and/or bird droppings or animals. Unprotected springs typically do not have a “spring box.”</p>
<p>Rainwater</p>	<p>Rain that is collected or harvested from surfaces by roof or ground catchment and stored in a container, tank, or cistern.</p> 

<p>Tanker truck</p>	<p>Water is obtained from a provider who uses a truck to transport water into the community. Typically, the provider sells the water to households.</p> 
<p>Cart with small tank</p>	<p>Water is obtained from a provider who transports water into a community using a cart and then sells the water. The means for pulling the cart may be motorized or non-motorized (for example, a donkey).</p> 
<p>Surface water</p>	<p>Water located above ground, including rivers, dams, lakes, ponds, streams, canals, and irrigation channels.</p> 
<p>Bottled water</p>	<p>Water that is bottled and sold to the household in bottles. Note that this code is present in Q. 101 but not Q. 102.</p>

Q. 103: LOCATION OF WATER SOURCE

IN OWN DWELLING and IN OWN YARD/PLOT means the water is located in the dwelling or in the yard (such as a well that is in the yard). If the household gets their water from a TANKER TRUCK or CART WITH A SMALL TANK (Code 61 or Code 71 in Q. 101 or Q. 102), you would record ELSEWHERE in Q. 103 (Code 3) because the truck or cart does not reside in the dwelling or yard.

Q. 104: TIME TO GET WATER

This question is not asked if the source of drinking water is located within the dwelling or yard/plot.

Include the time it takes to get to the source, wait to get water (if necessary), and get back to the house. Record the time it takes to get water by whatever means of transportation the person generally uses, whether the person walks or rides a bicycle or motor vehicle. If the respondent tells you that the water is delivered to their dwelling (a situation that could arise if the water comes from a tanker truck or a small cart with a tank and the truck or cart delivers right to the dwelling), record '000'.

Convert answers given in hours to minutes. Put zeroes in front of the response if necessary; for example, "30 minutes" would be '030,' and "one hour and a half" would be '090'.

Q. 105: PERSON WHO COLLECTS WATER

Q. 105 is asked only of households whose main source of water is not in their dwelling or yard/plot. Record the name of the person who usually collects water from the household's main water source. Then, record the household line number of the person. If the person is not listed in the household, record '00' for line number. If more than one person regularly collects water, record the name and household line number of the person who collects it most often.

Q. 106: DRINKING WATER AVAILABILITY

The focus of this question is on drinking water availability in the last month (30 days). If the respondent says that the household does not have sufficient quantities of drinking water during the dry season, but at the time of the interview it is the rainy season and they have had sufficient quantities of drinking water, record NO.

Q. 106A: DRINKING WATER AVAILABILITY

The focus of this question is on drinking water availability from the **main source** in the last 2 weeks.

Q. 106B and 106C: WATER ACCEPTABILITY FROM MAIN SOURCE

The focus of this question is to understand acceptability of drinking water from the main source used by the household. If the water is unacceptable, the respondent will be asked to provide the main reason the water is unacceptable in their opinion. The response options are taste, colour, smell, contains materials or other.

If 'other' reason, select other and specify.

Qs. 107 and 108: TREATMENT OF DRINKING WATER

The purpose of Qs. 107 and 108 is to know whether the household drinking water is treated within the household, and if so, what type of treatment is used. The type of treatment used at the household level provides an indication of the quality of the drinking water used in the household.

Definitions of Water Treatment Codes for Q. 108	
<i>Response Categories</i>	<i>Definition</i>
Boil	Boiling or heating of water with fuel.
Add bleach/chlorine	Refers to using liquid chlorine bleach or bleaching powder to treat drinking water.
Strain it through a cloth	Pouring water through a cloth which acts as a filter for collecting particulates from the water.
Use water filter (ceramic/sand/composite, etc.)	The water flows through media to remove particles and at least some microbes from water. Media used in filtering systems usually include ceramic, sand and composite.
Solar disinfection	Exposing water, which is stored in buckets, containers, or vessels, to sunlight.
Let it stand and settle	Holding or storing water undisturbed and without mixing long enough for larger particles to settle out or sediment by gravity.

Q. 108A: STORAGE OF DRINKING WATER

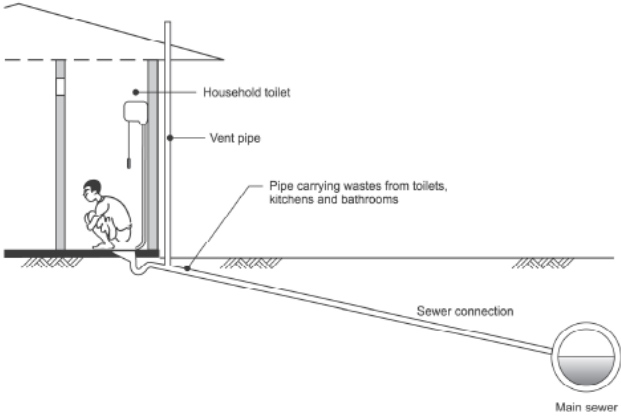
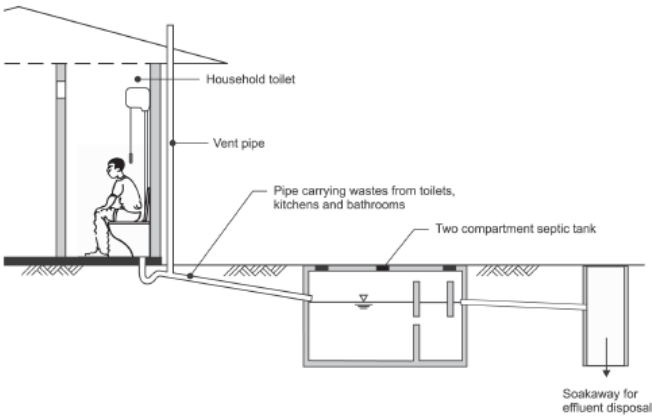
The purpose of this question is to understand how respondents store their drinking water: whether in a closed container or jerry can, in an open container or bucket, or whether they do not store their water at all.

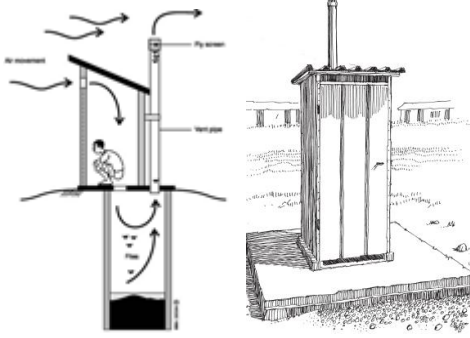
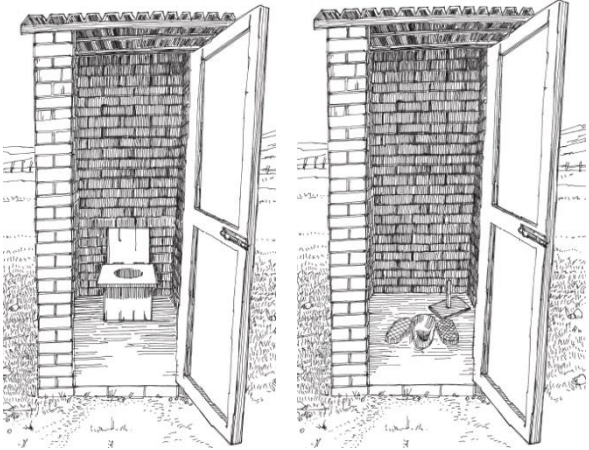
Q. 109: TOILET FACILITIES

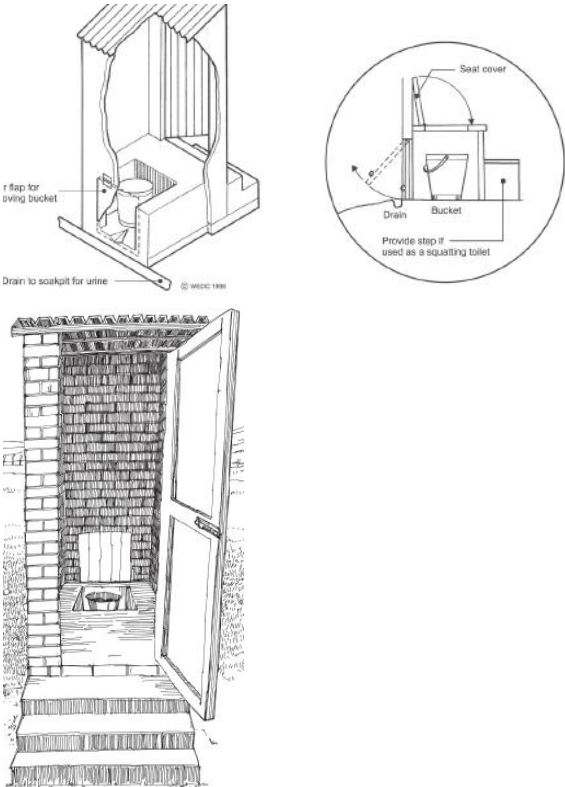
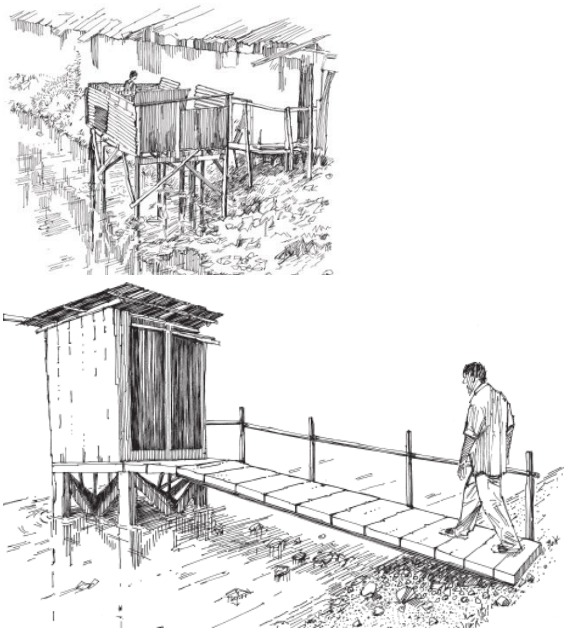
The purpose of this question is to obtain a measure of the sanitation level of the household, since toilet facilities are important for disease control and health improvement. If the respondent answers in general terms such as “flush toilet,” probe to determine where the toilet flushes to; likewise, if the respondent answers “latrine,” probe to determine the type of latrine. The table below provides definitions for the terms used in the codes for Q. 109.

If you are not able to determine the toilet type based on your conversation with the respondent, ask to observe the facility.

Definitions of Toilet Facility Codes in Q. 109	
<i>Response Categories</i>	<i>Definition</i>
Flush/pour flush toilet	A flush toilet uses a cistern or holding tank for flushing water and has a water seal, which is a U-shaped pipe, below the seat or squatting pan that prevents the passage of flies and odors. A pour flush toilet uses a water seal, but unlike a flush toilet, a pour flush toilet uses water poured by hand for flushing (no cistern is used).

<p>- to piped sewer system</p>	<p>A system of sewer pipes (also called sewerage) that is designed to collect human excreta (feces and urine) and wastewater and remove them from the household environment. Sewerage systems consist of facilities for collection, pumping, treating and disposing of human excreta and wastewater.</p>  <p>The diagram illustrates a cross-section of a house with a toilet. A vertical vent pipe extends from the roof. A horizontal pipe carries waste from the toilet, kitchen, and bathroom to a 'Sewer connection' point. From there, a pipe leads to a circular 'Main sewer'.</p>
<p>- to septic tank</p>	<p>An excreta collection device consisting of a water-tight settling tank normally located underground, away from the house or toilet.</p>  <p>The diagram shows a cross-section of a house with a toilet. A vertical vent pipe goes to the roof. A pipe carries waste from the toilet, kitchen, and bathroom to a 'Two compartment septic tank' located underground. The tank has two chambers. From the second chamber, a pipe leads to a 'Soakaway for effluent disposal'.</p>
<p>- to pit latrine</p>	<p>A system that flushes excreta to a hole in the ground.</p>
<p>- to somewhere else</p>	<p>A system in which the excreta is deposited in or nearby the household environment in a location other than a sewer, septic tank, or pit, e.g., excreta may be flushed to the street, yard/plot, drainage ditch or other location.</p>
<p>Pit latrine</p>	<p>Excreta are deposited without flushing directly into a hole in the ground.</p>

<p>- ventilated improved pit latrine (VIP)</p>	<p>A dry pit latrine ventilated by a pipe extending above the latrine roof. The open end of the vent pipe is covered with gauze mesh or fly-proof netting.</p>  <p>If the vent pipe is not covered by a gauze mesh or fly-proof netting, the facility should be classified as a pit latrine with slab not a VIP latrine. The inside of the VIP latrine is kept dark. If the door of the VIP superstructure is missing so that it is no longer dark inside the latrine, the facility should be classified as a pit latrine with slab, not a VIP latrine.</p>
<p>- pit latrine with slab</p>	<p>A dry pit latrine whereby the pit is fully covered by a slab or platform that is fitted either with a squatting hole or seat. The slab or platform should be solid and can be made of any type of material (such as concrete, logs with earth or mud, or cement). The slab or platform should adequately cover the pit so that pit contents are not exposed other than through the squatting hole or seat.</p> 

<p>Bucket toilet</p>	<p>The use of a bucket or other container for the retention of feces (and sometimes urine and anal cleaning material), which is periodically removed for treatment, disposal or use as fertilizer.</p>  <p>The diagrams illustrate the components and structure of a bucket toilet. The top left shows a cross-section of the toilet bowl with a bucket underneath, labeled 'flap for opening bucket' and 'Drain to soakpit for urine'. The top right is a circular inset showing a 'Seat cover' and 'Bucket' with a 'Drain' leading to a 'soakpit'. A note below the inset says 'Provide step if used as a squatting toilet'. The bottom diagram shows a perspective view of a brick structure with a door and steps leading to a bucket inside.</p>
<p>Hanging toilet/ Hanging latrine</p>	<p>A toilet built over the sea, a river, or other body of water allowing excreta to drop directly into the water.</p>  <p>The diagrams show two types of hanging toilets. The top diagram is a perspective view of a wooden structure built on stilts over a body of water. The bottom diagram shows a similar structure with a wooden walkway leading to a platform where a person is standing, with a railing for safety.</p>

Qs. 110 and 111: SHARED TOILET FACILITIES

Q. 110 asks about whether the toilet facilities are shared with one or more other households. In Q. 111, we want to find out how many households, including the respondent's household, use the same facility. For example, if the respondent's household shares the toilet with one other household, record '02' in Q. 111. If they share it with two other households, record '03' in Q. 111. The number of households that share toilet facilities is an important measure of the level of hygiene in the household.

Q. 112: LOCATION OF TOILET FACILITY

IN OWN DWELLING and IN OWN YARD/PLOT means the toilet is located inside the dwelling or the yard/plot. Record ELSEWHERE when the toilet is outside the dwelling or yard/plot.

Q. 113: FILTER FOR SEPTIC TANK/PIT LATRINE/COMPOSTING TOILET

Q. 114-116: EMPTYING OF SEPTIC TANK/PIT LATRINE/COMPOSTING TOILET

Information on the disposal of excreta from sanitation systems that are not connected to a sewer system is essential for assessing the proportion of the population using safely managed sanitation services. In Q. 114, if the sanitation facility has not been emptied, regardless of the reason, record NO. We are not interested in whether the facility is new or needs emptying.

Qs.115 and 116 are a continuation for those who answered that their sanitation facilities has ever been emptied. Q. 115 explores whether the sanitation facility was emptied by a service provider. Q. 116 examines the final destination of waste emptied from the sanitation facility.

Q. 117: TYPE OF COOKSTOVE USED FOR COOKING

Q. 117 seeks to determine what type of stove the household uses for cooking at home. Information on the type of cookstove is collected as a measure of the socioeconomic status of the household. Cooking food over open fires or inefficient stoves can expose people to air pollution, which contributes to heart and lung diseases. In contrast, the use of cleaner, more modern cookstoves is associated with positive health outcomes.

If the household uses more than one type of cookstove, record the type they use most often. If the respondent is unsure of the type of cookstove used, ask to observe it. The response code 'NO FOOD COOKED IN HOUSEHOLD' should only be selected if no one cooks food in the household.

Q. 118: VENTILATION OF COOKSTOVE

Q. 118 seeks to determine whether the cookstove used by the household is ventilated by a chimney. Chimneys are structural additions that ventilate gas and smoke from the cookstove to the outside of the home or cooking area. Chimneys can be made from clay pipes, sheet metal, cast iron, masonry, concrete pipes, bamboo, and many other materials.

Q. 120: COOKSTOVE FUEL OR ENERGY SOURCE

The use of some cooking fuels can have adverse health consequences. Remember that this question asks about fuel for a cookstove, not fuel for heating or lighting.

If the household uses more than one fuel with their cookstove, find out the fuel used most often. If any fuel other than the precoded ones is reported as being the main fuel used, select '96' and specify the type of fuel in the space provided.

Qs. 121 and 122: PLACE WHERE FOOD IS COOKED

The purpose of Q. 121 is to collect information on the location where the household's food is cooked: in the house, in a separate building, or outdoors. This information is important in providing an indicator of the air quality inside and around the dwelling. In Q. 122, information on whether the household has a separate room used as a kitchen provides additional information on air quality.

Q. 123: HEATING THE HOME

The household may heat its dwelling at certain times of the year. The category 'CENTRAL HEATING' refers to a system of warming that heats water or air in one place and circulating it throughout the dwelling using pipes, radiators, or vents. Space heaters can be manufactured by a company or made using traditional materials by household members or a local artisan. Cookstoves are also sometimes used to heat a dwelling. Some households may use an open fire to keep their dwelling warm. If there is more than one type of heater used in the home, record only the main type.

If the respondent reports the fuel type used to heat the home (typically electricity or gas) in response to this question rather than providing the type of heater, probe by asking the type of heater in which the electricity or gas is used.

If the respondent uses an air condition unit to heat the home, select 'air conditioning unit'.

In certain climates, no heating is required. If the household never uses any method to warm their dwelling, select the category 'NO SPACE HEATING IN HOUSEHOLD/NO NEED.'

Q. 124: CHIMNEY FOR HEATER

Q. 124 is only asked if the household uses a space heater or cookstove to heat its dwelling. Record whether the space heater or cookstove has a chimney to carry smoke and pollutants outside the dwelling.

Q. 125: FUEL SOURCE FOR HEATING THE HOME

Remember that this question asks about fuel for heating and is different from Q. 120, which asks about fuel used by cookstoves for cooking.

If the household uses more than one fuel for heating, record the fuel used most often.

Q. 126: TYPE OF LIGHTING FOR THE HOME

The household may use a method for lighting its dwelling at night. If the household uses more than one type of light, record the light source they use most often. If the household never uses any method to light their home, select the category 'NO LIGHTING IN HOUSEHOLD.'

Q. 127: NUMBER OF ROOMS FOR SLEEPING

Record the number of rooms that the household uses for sleeping even if a room also serves a second function. For example, if a dwelling unit consists of two rooms: a bedroom and a kitchen, but household members sleep in both the bedroom and the kitchen, record '2' in Q. 127.

Qs. 128 and 129: OWNERSHIP OF LIVESTOCK, HERDS, POULTRY, OR OTHER FARM ANIMALS

Information on whether households own any livestock, herds, poultry, or other animals and how many they own is used as an additional indicator of the socioeconomic status of the household. First, ask Q. 128 to find out whether the household owns any livestock, herds, other farm animals, or poultry. If

YES, ask Q. 129 to find out what type of animals the household owns and how many of each. Read out each item and be sure to record the number in the respective boxes for each item. Do not leave any blank.

Note: Q. 129 asks separately for the number of traditional cattle or dairy cattle the household owns. Be sure not to double-count these animals. For example, if the respondent says that the household has 10 cattle, one of which is a dairy cow and one of which is a dairy bull, record two dairy cows or bulls and eight traditional cattle since the household owns a total of 10 animals, not 12.

Qs. 130 and 131: OWNERSHIP OF AGRICULTURAL LAND

Ownership of agricultural land is another important indicator of the socioeconomic status of the household. First ask Q. 130 to find out whether any member of the household owns any land that is used for agriculture. Agricultural land refers to land that is used for growing crops (the crops may be food for people, food for animals, or other non-food crops), raising animals, and grazing animals. In answering this question, common land used to graze animals but not owned by the household should not be included. If the answer to Q. 130 is YES, ask Q. 131 on the number of hectares, acres, or lima owned altogether by the members of the household. Record the answer in the boxes. If the household owns more than 95 hectares, select '950;' if more than 95 acres, select '951;' if more than 95 lima, select '952;' if the number of hectares is unknown, select '998'. If the household owns less than 0.1 hectare, record 00.0.

Q. 132: HOUSEHOLD ITEMS

The answers to these questions on ownership of certain items will be used as a proxy measure of the socioeconomic status of the household. Read out each item and select the answer given after each item. Do not leave any item(s) blank.

If the respondent reports that a household item such as a radio is broken, try to find out how long it has been broken and whether it will be fixed. If the item appears to be out of use only temporarily, select '1' for YES. Otherwise, select '2' for NO.

Q. 133: OWNERSHIP OF WATCH/MOBILE PHONE/MEANS OF TRANSPORTATION

This question collects additional information related to socioeconomic status. We ask whether any member of the household owns a watch, a mobile phone, or various means of transport, e.g., a bicycle, a motorcycle or motor scooter, a car or truck, a banana boat, and other means of transportation. A small child's bicycle is primarily a toy and should not be recorded here.

If the respondent reports that an item is broken, try to find out how long it has been broken and whether it will be fixed. If the item appears to be out of use only temporarily, record '1' for YES. Otherwise, record '2' for NO.

Q. 134: BANK ACCOUNT

The bank account may be held at a bank, , microfinance institution cooperative or any other institution. The account allows the person to deposit and withdraw funds. Do not include savings programs at the community level.

Q. 135: MOBILE FINANCIAL TRANSACTIONS

Mobile phones can be used to conduct financial transactions even if the user does not have a bank account. Make sure to read the entire question to the respondent so they understand the different types of financial transactions that the question refers to. It does not matter with whom or through whom the

transaction is made, whether through a bank or through a mobile money transfer system e.g. Airtel money, MTN money and Zamtel money.

Q. 136: HOUSEHOLD SMOKING

This question is designed to measure household exposure to secondhand smoke. It complements questions asked about tobacco use in the Woman's and Man's Questionnaires.

Secondhand smoke refers to the smoke given off by the burning end of tobacco products combined with the smoke exhaled by the smoker. It does not include smoke from e-cigarettes or vaping. Exposure to secondhand smoke can cause lung cancer and heart disease in non-smokers. Secondhand smoke irritates the lungs and has been linked to more severe asthma, and more frequent colds and lung infections in children.

Read the entire question before accepting an answer.

Q. 136A: IRS IN THE PAST 12 MONTHS

This question seeks to collect information on Indoor Residual Spraying (IRS) for malaria prevention. If any IRS has taken place on the home's interior walls in the past 12 months only, should it be counted under 'yes'.

If the IRS took place over 12 months ago, it should not be counted here, and 'no' should be selected.

Q. 136B: WHO CONDUCTED THE IRS

If the respondents say that their home has received IRS in the past 12 months, you will ask them who conducted the IRS: whether a government worker or government program, a private company, an NGO, other specify or they don't know.

Qs. 137 and 138: POSSESSION OF INSECTICIDE-TREATED MOSQUITO NETS

It is recognized that the consistent use of insecticide-treated mosquito nets (ITN) decreases the incidence of malaria and malaria-related deaths, especially in under five children and pregnant women. Consequently, many countries have instituted programs that promote the use of ITNs. It does not matter if the nets are actually used or even if they are set up. If they are in the household and could be used while sleeping, they should be counted.

Q. 137 asks whether the household has any mosquito nets that could be used for sleeping, and, for households with at least one mosquito net, information is collected in Q. 138 on the total number of mosquito nets in the household.

Note that 'cake covers' or baby nets that are used to keep flies off infants, usually during the daytime, are not considered mosquito nets. These nets are not treated with insecticide. Window screens are also not considered mosquito nets.

Qs. 139-147 are asked for each mosquito net the household has, up to 7 nets in total.

Q. 139: ASSIGNMENT OF NET NUMBER

Each net the household has is assigned a net number. For example, if the household has four nets, the first net you choose to ask questions about will be net number '01.' After you are done asking Qs. 140-

147 about net number '01,' the next net will be net number '02,' and you will ask the same Qs. 140-147, but now about net number '02.' You then repeat this process for nets '03' and '04.'

Qs. 140-147: OBSERVATION OF NETS, TYPE OF NETS, SOURCE OF NETS, AND USE ON THE NIGHT BEFORE THE INTERVIEW

There are various brands of mosquito nets. Almost all are factory treated and do not require any retreatment (long-lasting insecticide-treated net; LLIN). To assess the effectiveness of mosquito net use in preventing malaria, we need to gather information on how long the household has had each net, the brand of net, and whether household members use the nets when they sleep at night.

To obtain this information, you will need to ask Qs. 140 through 147 as applicable for each net that the household owns.

Q. 140: NET OBSERVED OR NOT

Ask to see the net. Record whether you were able to actually observe the net.

Even if you cannot directly observe a net, you must ask the questions about it. To distinguish each net, you may use phrases like, "Now let's talk about the first net you showed me" or "Let's talk about the net hanging in that corner."

Q. 141: WHEN NET OBTAINED

Next ask how many months ago the household obtained the net. If the net was obtained within 36 months before the interview date, you must record the actual number of months before the interview that the net was obtained. If the household got the net more than 36 months ago, record '95'. The respondent may tell you that they are not exactly certain when the net was obtained. In such cases, probe to try to get some idea of approximately how many months ago the net was obtained. Record '98' (NOT SURE) if the respondent does not have any idea of how long ago the household obtained the net.

Q. 142: TYPE AND BRAND OF NET

Q. 142 asks about the type and brand of net. In this survey, there are three ways of categorizing a net:

The net is a long-lasting insecticide-treated net (LLIN): Most nets you will come across in the field are LLINs, and you will become familiar with the most common brands of LLINs during the training; however, you may encounter nets in the field that you will not recognize. If the respondent tells you or you learn from the packaging that the net is an LLIN, but it is not one of the listed brands or if you cannot determine the brand, select code '16' (OTHER/DON'T KNOW BRAND (LLIN)). You should make every effort to observe the net. This means asking the respondent if you can enter the house to observe the net or if they can bring the net out to you. You could even ask them to photograph the tag if present or bring out the packaging if they still have it. If you cannot observe the net and the brand is unknown, show pictures of typical net types/brands to the respondent in an effort to identify it.

The net is NOT an LLIN: In some cases, you may confirm that the net is not an LLIN; for those nets, select '96' (OTHER TYPE (NOT LLIN)).

You cannot determine whether the net is an LLIN or not: If you cannot obtain information on whether the net is an LLIN or not, select '98' (DON'T KNOW TYPE).

Qs. 143 and 144: SOURCE OF NET

Qs. 143 and 144 are used to determine the source of each net. In Q. 143, ask if the household got the net through a mass immunization distribution campaign, a school distribution, during an antenatal care

visit, during an under 5 visit, or during an immunization visit. For a net that was not obtained through a mass distribution campaign, a school campaign, an under 5 visit, an antenatal care visit, or during an immunization visit, ask where the household got the net (Q. 144).

Qs. 145 and 146: SLEEPING UNDER THE MOSQUITO NET

These questions help us to link a particular mosquito net to the person(s) who slept under it the night before the survey. Obviously, it does little good to have LLINs in the household if they are not used for sleeping at night. In Q. 145, ask the respondent if anyone slept under the mosquito net last night, and if the respondent answers YES, record in Q. 146 who slept under the net last night. If more than four people slept under a single net the night before the survey, record only the first four people mentioned by the respondent. For each person mentioned, record their name and their corresponding line number from the household schedule.

Q. 147: REASON FOR NOT SLEEPING UNDER NET

If no one slept under the net last night, ask for the main reason it was not used. If the respondent mentions several reasons, record the main reason the net was not used.

Q. 148: FILTER FOR NEXT NET

At this point, go back to Q. 139 for the next net, and ask Qs. 140-147. If you have finished asking Qs 139-147 for all the nets belonging to the household, proceed to Q. 149.

Qs. 149 through 151: HANDWASHING

These questions measure a key aspect of personal hygiene that has implications for the health of all household members, especially children. In Q. 149, ask the respondent to show the place where members of the household most often wash their hands. If the respondent indicates that there is no fixed place for handwashing, but the household uses a basin and jug of water or another type of mobile handwashing station, ask to see it.

If you are able to observe either the fixed place or the mobile handwashing station, note whether or not water is available (Q. 150) and whether soap/detergent or ash/mud/sand is present (Q. 151).

Q. 152: FLOOR MATERIAL

This is an observation not a question since you will usually be able to see for yourself what kind of floor the house has. However, ask if you are not sure.

If there is more than one kind of flooring material, record the main type of material (the material that covers the largest amount of floor space).

Q. 153: ROOF MATERIAL

As with the floor material, you will usually be able to see for yourself what kind of roof material the house has. However, observing the roof material may not always be easy or you may be able to observe part but not the whole roof. Ask the respondent the type of roof material if you are not sure or if you cannot observe the roof properly. If the household lives in an apartment building, look at the roof from a reasonable distance and ask the respondent if necessary. If there is more than one kind of roofing material, record the main type of material (the material that covers the largest amount of roof space).

Q. 154: WALL MATERIAL

As with the floor and roof materials, you will usually be able to see for yourself what kind of material the exterior walls are made of. However, ask the respondent if you are not sure. Again, if there is more than one kind of wall material, record the main type of material (the material that covers the largest amount of exterior wall space).

Q. 154A: GARBAGE DISPOSAL

Find out from the respondent how the household disposes of its garbage. If the respondent says the garbage is collected, find out if the collection is done by a formal or informal service provider.

Examples of formal service providers are garbage collectors from the council or those engaged by the council. Informal service providers are usually individuals who collect garbage and do not take the garbage to designated dumpsites.

Households dispose of their waste in designated waste disposal area: for example, some gated communities may have a designated waste disposal area with very large bins where all household take their waste which is later collected by a service provider.

Disposed of within household yard or plot: usually, this is the case where households dig a pit for garbage disposal. Once filled, it is buried and another pit is dug. In some cases, households may decide to burn the garbage instead of burying.

Disposed of elsewhere is where the garbage is disposed of in an area not mentioned above e.g. roadside, field, bush e.t.c.

Q. 155: TESTING SALT FOR IODATE

The purpose of this question is to assess whether the household uses cooking salt that has been fortified with iodate. Fortified salt prevents iodine deficiency. Iodate/iodine is an important micronutrient and a lack of it may lead to an enlarged thyroid gland in the neck known as goiter or other thyroid diseases or disorders.

TESTING FOR THE PRESENCE OF POTASSIUM IODATE: Ask the respondent for a sample of cooking salt (a quantity of about half a teaspoon). If the household uses more than one type of salt, make sure that the sample provided is the salt that the household uses for cooking. Fill the small white cup (provided with the test kit) with the salt and then spread the salt on a clean plate, piece of white paper, or other flat surface. If you are using a new test kit for the first time, start by making a pin hole in the test-solution ampule (white cap) and the retest-solution ampule (red cap). To test the salt for the presence of potassium iodate, first shake the vial of test solution in the clear ampule and gently squeeze two drops of the liquid on the surface of the salt sample. If the salt is iodized, the wet salt should turn a violet/blue color within one minute. Record '1' for IODINE PRESENT in Q. 155 and continue with the next question.

If there is no color change, you need to continue the testing procedure. Shake the vial of recheck solution in the red ampule and gently squeeze up to five drops of the liquid on a fresh sample of salt. Immediately add two drops of test solution on the same spot on the salt. If the salt turns a violet/blue color, record '1' for IODINE PRESENT in Q. 155. If the color does not change, record '2' for NO IODINE. If the light indoors is inadequate to detect a subtle color change, it may be necessary to examine the salt sample outdoors.

If the household uses salt to cook meals but there is currently no salt available in the household, select category '3' for HOUSEHOLD USES SALT BUT THERE IS NO SALT IN THE HOUSEHOLD. If the household does not use salt to cook meals, select category '4' for HOUSEHOLD DOES NOT USE SALT.

If the household has salt but you did not test it, select category '6' for SALT NOT TESTED and record the reason that the salt was not tested.

Q. 156: TIME INTERVIEW ENDED

The CAPI program will automatically record the time the interview has ended. If there was an extended break during the interview time; for example, the respondent excused herself to care for a sick child and returned to complete the interview 45 minutes later, make a note to report how long a break was taken.

Be sure to thank the respondent for his or her cooperation. At this point, check your questionnaire carefully. Inform the respondent that you or another interviewer will be asking eligible women and men in his or her household to participate in the survey.

C. Return to Cover Page

Whether or not you successfully interview a household, additional information is recorded on the cover page of the Household Questionnaire.

INTERVIEWER VISITS

After you have contacted the household, you will need to write in the result of your visit. The spaces under (2) and (3) on the cover page are for recording the results of any call backs that you may have to make if you cannot contact the household on your first visit. Remember, you must make at least three different visits to try to obtain an interview with a household.

RESULT CODES

The result of your final visit to a household is recorded on the cover page of the Household Questionnaire. You will make every attempt to contact and interview the household, but sometimes it may happen that you make three visits to the household (at different times) and are unable to conduct the interview. In this case, the result of the third visit will be the final result code.

The following are descriptions of the various result codes:

- Code 1 Completed. Enter this code when you have completed the household interview.
- Code 2 No household member at home or no competent respondent at home at time of visit. This code is to be used in cases in which the dwelling is occupied, but no one is at home. If no one is at home when you visit, or if there is only a child at home or an adult member who is ill, deaf, or mentally incompetent, enter Code '2' as the result of the visit. Try to find out from a neighbor or from the children when a competent adult will be present and include this information in the visit record.
- Code 3 Entire household absent for extended period of time. This code is to be used only in cases in which no one is at home and the neighbors say that no one will return for several days or weeks. In such cases, enter Code '3' as the result of that visit. Since the neighbors

may be mistaken, you should make callbacks to the household to check that no one has returned. In cases in which no one is at home and you cannot find out whether they are gone for a few hours or a few weeks, enter Code '2.'

- Code 4 Postponed. If you contact a household, but for some reason, it is not convenient for them to be interviewed, then schedule a callback interview and enter Code '4' on the cover page as a result code for that visit. If there is some extreme circumstance such that the interview is never conducted, enter Code '4' for the final result code.
- Code 5 Refused. The impression you make during your initial contacts with members of a household is very important. Be careful to introduce yourself and explain the purpose of the survey. Stress that the interview takes only a short amount of time and that the information will be confidential. If the individual with whom you first talk is unwilling to cooperate, ask to speak with another member of the household, such as the household head. Suggest that you can return at another time if it would be more convenient. If the individual still refuses to cooperate, enter Code '5' and report the problem to your supervisor.
- Code 6 Dwelling vacant or address not a dwelling. In some cases, you may find that a structure number assigned to you is unoccupied, that is, it is empty with no furniture and is not being lived in. This is what we call "vacant," and you should enter Code '6.' Other times, you may find that a structure is not a residential unit. It is a shop, church, school, workshop, or some other type of facility that is not used as a living area. After making sure there are no residential units in the back of or above the premises, enter Code '6' as the result for the visit. Be sure to report the situation to your supervisor.
- Code 7 Dwelling destroyed. If the dwelling was burned down or was demolished in some other manner, enter Code '7.'
- Code 8 Dwelling not found. You should make a thorough search, asking people in the area whether they are familiar with the address or the name of the household head. If you are still unable to locate the structure, enter Code '8' as the result for the visit to that household and inform your supervisor.
- Code 9 Other. There may be times that you cannot interview a household and the above categories do not describe the reason. Examples of cases that would fit in the 'Other' category would be if the entire cluster is flooded and inaccessible or if the household is quarantined because of a disease.

FINAL VISIT

After you have made your last visit to the household, the CAPI program will fill in the boxes under FINAL VISIT: the DAY, MONTH, and YEAR of the final visit, your assigned interviewer number, the final result code, and the total number of visits.

TOTAL PERSONS IN HOUSEHOLD AND TOTAL ELIGIBLE WOMEN AND MEN

After you have completed the household interview, the CAPI program will record the total number of people listed in the household schedule in the boxes labeled TOTAL PERSONS IN HOUSEHOLD and the total number of women who are eligible for interview with the Woman's Questionnaire in the boxes labeled TOTAL ELIGIBLE WOMEN. If the household is selected for male interview, the CAPI program will record the total number of eligible men in the boxes labeled TOTAL ELIGIBLE MEN. In the boxes labeled LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE, the CAPI program will record the Line Number of the person who was your respondent based on information you provided during the interview.

ALLOCATING INDIVIDUAL QUESTIONNAIRES FOR EACH ELIGIBLE PERSON

After completing a household interview, the CAPI program will identify women and men in the household eligible for individual interview. The CAPI program will also preload the identification information on the cover page of the Individual Questionnaire for each eligible respondent identified in the Household Schedule.

The identification information on the Individual Questionnaire is similar to the identification information on the Household Questionnaire. However, it also includes the eligible respondent's name and the Line Number he/she was assigned in the Household Schedule in Column 1. If an eligible respondent is immediately available, proceed to interview the respondent.

PREPARE A BIOMARKER QUESTIONNAIRE FOR EACH HOUSEHOLD

After the household interview, you will prepare a Biomarker Questionnaire for the household if the household is selected for biomarker collection and if there are eligible individuals in the household. Certain individuals in the household (both usual residents and visitors) are eligible for anthropometry, anemia, HIV testing, and Measles serology testing. Specifically, children age 0-4 years (that is, 0-59 months) and women age 15-49 are eligible to have their height and weight measured. Children age 6-59 months and women age 15-49 are eligible for anemia testing. Children ages 6-59 months are also eligible to have their blood drawn (DBS) for MR testing. While children and adolescents from 24 months (or 2 years of age) through 14 years of age are eligible to have their blood drawn for HIV testing (DBS and RDT). All consenting adults are eligible for HIV testing as well: meaning women from 15 years of age to 49 years, and men from 15 years to 59 years.

If there are no individuals eligible for biomarker collection in the household, you will not prepare a Biomarker Questionnaire for that household.

On the cover page of the Biomarker Questionnaire, it is your job to fill in the IDENTIFICATION box at the top and the number of eligible individuals (children, women, men) on the right-hand side. You should not fill in any other part of the cover page of the Biomarker Questionnaire.

Inside the Biomarker Questionnaire, you will enter the line numbers and names of the eligible children, women, and men. For children only, you will also need to confirm that they are the correct age for biomarker collection.

The CAPI system has a function that provides identification information about the household and displays a list of individuals who were identified during the household interview as eligible for biomarker collection. From your main menu, select Option 4 (List Eligible Individuals/Biomarkers); this will be explained in detail during the CAPI portion of this training. You should only use this list to determine the eligible individuals – do not open the household interview to check or use any notes you took during the household interview. A screen like the example below will appear, providing the information you need to prepare the Biomarker Questionnaire.

Eligible Individuals in Cluster: 0020 Household: 0001

Line	Sex	Age	Name	Marital Status
Women/men eligible for individual interview				
01	Male	42	JOHN SMITH	Married or living together
02	Female	37	MARY SMITH	Married or living together
07	Female	17	RACHEL ORLOWSKI	Married or living together
08	Female	15	SHONDA GAYLORD	Never-married and never lived together
09	Male	16	PETER AKA	Never-married and never lived together
Children eligible for biomarkers				
04	Female	04	SUSAN SMITH	
05	Male	01	HARRY SMITH	
Women eligible for biomarkers				
02	Female	37	MARY SMITH	Other
07	Female	17	RACHEL ORLOWSKI	Other
08	Female	15	SHONDA GAYLORD	Never in union
Men eligible for biomarkers				
01	Male	42	JOHN SMITH	Other
09	Male	16	PETER AKA	Never in union

For children: Following the instructions in Q. 101, record the line numbers and names of all children age 0-5 years in Q. 102. These children correspond to those whose line numbers are selected in Column 11 of the Household Schedule. If there is more than one eligible child, record the line numbers and names in the same order as they appear in the CAPI output. Note that each child has its own pages in the questionnaire. Child 1 is on pages [2-3], so you will need to flip to page [4] to prepare information for Child 2, and so on.

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 1		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____	
		LINE NUMBER <input type="text"/> <input type="text"/>	

It is also your responsibility to fill in Qs. 103-105. If the child's mother will be interviewed, the information needed for Qs. 103 and 104 will be updated in the CAPI list of eligible individuals after the mother's interview with the Woman's Questionnaire is complete. This step will be straightforward if the interviewer who interviewed the household also interviewed the child's mother; just rerun the list of eligible individuals and biomarkers (which will now include the date of birth and age information from the pregnancy history) and finish filling out Q. 103-105 for each child. Otherwise, the household interviewer will need to coordinate with whichever team member interviewed the child's mother to obtain this information; ask her to run the list of eligible individuals and biomarkers and then you will copy the age and date of birth information into Q. 103 and Q. 104. If the mother of the child is not interviewed or not available, the interviewer will need to ask a responsible adult Q. 103 and Q. 104. As

will be discussed in Section 1 of the Woman’s Questionnaire, you will need to compare and correct Q. 103 and Q. 104 if the information provided by the respondent is inconsistent.

103	<p>IF MOTHER INTERVIEWED: COPY CHILD’S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY.</p> <p>IF MOTHER NOT INTERVIEWED ASK: What is (NAME)’s date of birth?</p>	<p>DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>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><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><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>																
104	<p>IF MOTHER INTERVIEWED: COPY CHILD’S AGE FROM PREGNANCY HISTORY.</p> <p>IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)’s last birthday?</p> <p>COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.</p>	<p>AGE IN COMPLETED YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td></tr></table></p>																
105	<p>CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="text-align: right;">→ 125</p>																	

If the child is age 0-4, put an X in the box next to YES in Q. 105. This child is eligible to begin biomarker collection with anthropometry. Later in the questionnaire, the biomarker technician will determine if the child is also eligible for blood tests. If the child is age 5 or older, put an X in the box next to NO, so the biomarker technician will know to skip to Q. 125 for that child.

In Q. 105, a child who is age 5 or older is not eligible for biomarker collection even though the child was identified in the Household Questionnaire as being eligible for the Biomarker Questionnaire (age 0-5). Why, you might be thinking, do we include children in the Biomarker Questionnaire Qs. 102-105, if we know from the Household Questionnaire that they are too old (age 5) to qualify for biomarker collection? Often respondents to the Household Questionnaire are uncertain of the exact age of children in the household and/or they round up a child’s age. So, for example, the respondent to the Household Questionnaire might say a child is age 5 when in fact the child is age 4, and therefore eligible for biomarker collection. The DHS Program has made the decision that we will not rely on the information from the Household Questionnaire for the exact age of children. Instead, we will get this information from the mother’s pregnancy history (for children whose mothers are interviewed) or by asking an adult responsible for the child for the child’s date of birth and age information (for children whose mothers are not interviewed). This will help us be sure that we don’t miss out on any eligible children. Similarly, if we learn from the mother’s pregnancy history that a child who was listed as age 6 in the Household Questionnaire is actually age 4, this child is eligible for biomarker collection. In such an instance, the child’s age should be corrected in the Household Questionnaire, and the list of eligible individuals and biomarkers should be rerun. The child will now be identified as eligible for biomarker collection and his or her information should be entered into the Biomarker Questionnaire.

You will notice a thick black line after Q. 105. This is to mark where your work is done, and the biomarker technician’s work starts. You will not fill in anything after Q. 105 for each child; Q. 106 and onwards are for the biomarker technician to fill out.

For women: Following the instructions in Q. 201, record the line numbers and names of all women age 15-49 in Q. 202 in the same order as they appear in the CAPI output. As with children, each woman has a few pages in the Biomarker Questionnaire, so you will provide information on [page 8] for Woman 1 and [page 12] for Woman 2. This information corresponds to Column 9 in the Household Schedule. In Qs. 203 and 204, enter information on the age and marital status of each eligible woman. Age and marital status determine the kind of consent process the biomarker technician will use for each woman. This information corresponds to Columns 7 and 8 of the Household Schedule and will also be provided in the CAPI output. The thick black line after Q. 204 is a reminder to not go beyond Q. 204 for that woman; the biomarker technician will fill out subsequent questions for her.

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 1		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
203	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-49 YEARS 2	
204	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION 1 OTHER 2	

For men: As you did for women, follow the instructions in Q. 301 and fill out Qs. 302-304 for men age 15-[49].

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR MEN AGE 15-[49]

301	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 303, AND 304 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO MEN USE ADDITIONAL QUESTIONNAIRE(S).		
	MAN 1		SKIP
302	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF MAN.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
303	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-[49] YEARS 2	
304	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION 1 OTHER 2	

The Biomarker Questionnaire provides space for up to three children, two women, and two men. If a household has more persons eligible for the Biomarker Questionnaire than this, you will need to use an additional questionnaire: fill in the identification box and information on the number of eligible individuals and write "CONTINUATION" on the cover page. Inside, replace the section labels Child 1 with Child 4, Child 2 with Child 5, Child 3 with Child 6, Woman 1 with Woman 3, Woman 2 with Woman 4, etc., as necessary.

Interviewer's checklist for Biomarker Questionnaire preparation:

- ✓ Front cover – Identification box at top
- ✓ Front cover – number of eligible children, women, and men on right hand side
- ✓ Page 2 – Qs. 101-105 for Child 1
- ✓ [Page 4] – Qs. 101-105 for Child 2
- ✓ [Page 6] – Qs. 101-105 for Child 3
- ✓ [Page 8] – Qs. 202-204 for Woman 1
- ✓ [Page 12] – Qs. 202-204 for Woman 2
- ✓ [Page 16] – Qs. 302-304 for Man 1
- ✓ [Page 20] – Qs. 302-304 for Man 2

Once the biomarker technician has completed work in the household, he or she will return the Biomarker Questionnaire to you for entry into CAPI. When it is returned to you, from your main menu, select the appropriate option (Enter Biomarker Data), and then select the appropriate household. Enter the data from the Biomarker Questionnaire, making sure to enter each individual in the same order as in the questionnaire. If there are inconsistencies or skip errors, discuss with the biomarker technician.

VI. WOMAN'S QUESTIONNAIRE

The Woman's Questionnaire consists of a cover page and 11 sections as follows:

- Section 1: Respondent's Background
- Section 2: Reproduction
- Section 3: Contraception
- Section 4: Pregnancy and Postnatal Care
- Section 5: Child Immunization
- Section 6: Child Health and Nutrition
- Section HPV: HPV Vaccination Module
- Section 7: Marriage and Sexual Activity
- Section 8: Fertility Preferences
- Section 9: Husband's Background and Woman's Work
- Section 10: HIV/AIDS
- Section 11: Other Health Issues
- Section F: Fistula Module
- Section MM: Adult and Maternal Mortality Module
- Section MTH: Mental Health Module
- Section DV: Domestic Violence Module

In addition, an event calendar where information about a respondent's births and periods of contraceptive use and non-use are recorded is found at the back of the Woman's Questionnaire. The questionnaire also includes a page for interviewers to record observations and comments about the interview.

A. Cover Page

The overall layout of the cover page of the Woman's Questionnaire is similar to the cover page of the Household Questionnaire except that the identification section includes the name and household line number of the woman eligible for interview. The CAPI system will automatically record the date of each visit you make and will prompt you to enter the result code of each visit.

B. Section 1: Respondent's Background

In the first section of the questionnaire, you will begin by obtaining the respondent's consent to the interview and then collect some general background information on the respondent.

INFORMED CONSENT

You must seek the respondent's consent for participation in the survey. Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey. It assures the respondent that her participation in the survey is completely voluntary and that she can refuse to answer any questions or stop the interview at any point.

After reading the statement, you must affirm that you have read the statement to the respondent. In a paper questionnaire, you do this by signing in the space provided. In a CAPI survey, you do this by selecting '1' (RESPONDENT AGREES TO BE INTERVIEWED).

If the woman does not agree to be interviewed, select '2', thank the respondent, and end the interview. Then select '4' (REFUSED) as the result on the cover page.

REQUEST FOR DOCUMENTS

Before you begin the individual interview, ask the respondent to collect any birth certificates, identity cards, health/vaccination cards or other vaccination documentation, and other health records that she has for herself and her children. To complete some sections of the questionnaire, you will need to examine these documents, so assure the respondent that you have plenty of time to wait while she looks for them.

Q. 101: TIME

The time of the day you start the woman's interview will be automatically recorded by the CAPI system.

Q. 102: PLACE OF BIRTH

This question asks in which place the respondent was born. If the woman was born outside of Zambia, select category '96' and continue to the next question.

Q. 103: COUNTRY OF BIRTH

This question is asked only to women who were born outside Zambia. Enter the name of the country in which the respondent was born. Do not put any numbers in the code boxes since the numbers will be entered at a later time.

Q. 104: LENGTH OF RESIDENCE

This question asks how long the woman has been living in the locality where she is living at the time of the interview, i.e., her current place of residence. Here, "living continuously" means without having moved away from a locality. For example, if the respondent has been away from her home only on visits, these periods should not count as having lived away. If she has moved from one dwelling to another within the same village or neighborhood, it also does not count as living away.

If she has always lived in her current place of residence (that is, she has never lived in any other locality), select '95.' If she is a visitor, select '96' for VISITOR.

If she has lived in other places, ask her to count how many years she has been living continuously in her current place of residence (how many years have passed since she moved to this locality). Record her answer in completed years.

Example: If the answer is "three and one-half years," write '03.' If the answer is less than one year, write '00.'

Q. 105: FILTER FOR LENGTH OF RESIDENCE

Q. 106: MONTH AND YEAR OF MOVE TO CURRENT LOCALITY OF RESIDENCE

Ask the respondent in which month and year she moved to her current locality of residence. If the respondent knows the date of the move, write it in the appropriate boxes for MONTH and YEAR. You will need to convert the month into numbers. For this, January is '01,' February is '02,' March is '03,' and so on. If she does not know the month of her move, select '98' for DON'T KNOW MONTH and ask her for the year in which she moved to her current locality. If she knows the year, write it in the boxes for YEAR. If she does not know the year of her move, select '9998' for DON'T KNOW YEAR.

Q. 107 and Q. 108: PRIOR RESIDENCE

Qs. 107 and 108 are about the place the respondent lived just before she moved to her current residence.

In Q. 107 we ask about the province the respondent lived in before she moved to her current residence. It's possible that she moved within a province in which case her response will be the same as she reported in Q. 102. If she moved to her current residence from outside the country, select '96' for OUTSIDE OF ZAMBIA.

In Q. 108, we want to know which type of place (that is, city, town, or rural area) was the last one before her current place of residence. In Q. 107, that is why we say "just before."

Q. 109: REASON FOR MOVE

The purpose of this question is to find out the main reason for the respondent's move to where she is living now. All of the precoded reasons refer to the respondent's own motivation for making a move. If she moved to remain together with other member(s) of her family, record FAMILY REUNIFICATION/OTHER FAMILY RELATED REASON.

EMPLOYMENT: Use this code if the respondent moved for a job or to search for employment. Note that military service should be coded under employment. If the respondent moved because of her husband's, parents', or other family member's employment and not her own, record FAMILY REUNIFICATION/OTHER FAMILY RELATED REASON.

EDUCATION/TRAINING: Use this code if the respondent moved for an educational opportunity or training. If the respondent moved because of her husband's, parents', or other family member's education/training and not her own, record FAMILY REUNIFICATION/OTHER FAMILY RELATED REASON.

MARRIAGE FORMATION: This code refers to the formation of the respondent's own marriage, regardless of whether it was a formal marriage or informal union (living together as if married). If the respondent moved because of the marriage of someone else in her family, record FAMILY REUNIFICATION/OTHER FAMILY RELATED REASON.

FAMILY REUNIFICATION/OTHER FAMILY RELATED REASON: Use this code when the respondent's main reason for moving was to remain together with her family or household or if she moved to reunite with her family.

FORCED DISPLACEMENT: this code refers to a situation when persons leave or flee their homes due to conflict, violence, persecution, and human rights violations. If a respondent was forced to move because of a natural disaster such as a flood, drought, earthquake, or volcanic eruption, record this under OTHER (SPECIFY).

Q. 110: MONTH AND YEAR OF BIRTH

Qs. 110 and 111 must be asked independently of the information on the Household Questionnaire. Even if you already asked the respondent her age when you were completing the Household Questionnaire, you must ask again for her date of birth on the Woman's Questionnaire.

If the respondent knows her date of birth, write it in the appropriate boxes for MONTH and YEAR. You will need to convert the month into numbers. For this, January is '01,' February is '02,' March is '03,' and so on. If she does not know her month of birth, select '98' for DON'T KNOW MONTH and ask her for the year of her birth. If she knows the year, write it in the boxes for YEAR. Try under all circumstances to obtain at least the year of birth.

If the respondent is unable to provide this information, ask whether she has any documentation such as an identification card or a birth or baptismal certificate that might give her date of birth. Select '9998' for DON'T KNOW YEAR only if the respondent does not know and cannot provide any record showing her birth date.

Q. 111: AGE

This is one of the most important questions in the interview, since almost all analysis of the survey data depends on the respondent's age. **You must ask Q. 111 even if the woman provided her birth date in response to Q. 110.**

If the woman **knows** her age, enter it in the space provided.

If the woman **does not know** her age, you will need to use one of the following methods to estimate her age.

(a) If the **year of birth is reported** in Q. 110, compute the woman's age as follows:

- **Already celebrated birthday in the current year.** If the woman has had her birthday in the current year, subtract the year of birth from the current year 2023.
- **Not yet celebrated birthday in the current year.** If the woman has not yet had her birthday in the current year, subtract the year of birth from last year 2022.
- **Does not know when her birthday is.** If the woman does not keep track of the time within a year when her birthday falls, it is sufficient to subtract year of birth from the current year 2023.

Tell the respondent the age you computed as she should know this information about herself. If she does not believe that the age you computed is her correct age, confirm that the year of birth she provided is correct.

(b) If the woman **does not know** her age, and the **year of birth is not reported** in Q. 110, you will have to probe to try to estimate her age. There are several ways to probe for age:

1) Ask the respondent how old she was when she got married or had her first child, and then try to estimate how long ago she got married or had her first child.

Example: If she says she was 19 years old when she had her first child and that the child is now 12 years old, she is probably 31 years old.

2) Relate her age to that of someone else in the household whose age is more reliably known.

3) Try to determine how old she was at the time of an important event such as a war, flood, earthquake, change in political regime, etc. and add her age at that time to the number of years that have passed since the event.

(c) The woman **does not know** her age and probing did not help.

If probing does not help in determining the respondent's age and date of birth was not recorded in Q. 111, you will have to estimate her age. Remember, this is a last resort to be used only when all your efforts at probing have failed.

Checking Consistency of Birth Date and Age Responses

If the woman provides both her birth date and her age in Qs. 110 and 111, the CAPI program will alert you if the responses are inconsistent. The program, however, will not tell you which piece(s) of information (her birth date, her age, or both her birth date and age) are incorrect.

To understand the situations when the CAPI program will alert you that the responses are inconsistent, it is helpful to practice performing the consistency check manually. There are two methods for checking whether the age and year of birth are consistent: the **arithmetic method** and the **chart method**. A

detailed description of each method follows. You may use either method to check the consistency of birth date and age information.

Arithmetic Method

The arithmetic procedure requires that you first calculate the sum of the year of birth and the age. Apply one of the following rules to determine if these responses are consistent.

(1) IF BOTH MONTH AND YEAR ARE RECORDED IN Q. 110:

- If the month of birth is before the month of interview (the respondent has had her birthday this year), then her age plus the year of birth should equal the year of interview 2023.

Example: A respondent that you interview in July 2023 tells you that she was born in January 1977 and is 46 years old. Her responses are **consistent**, i.e., her month of birth (January) is before the month of interview (July) and the year of birth (1977) and age (46) sum to the year of interview (2023).

Another respondent that you interview in July 2023 says she was born in May 1999 and she is 23 years old. Her responses are **inconsistent**, i.e., her year of birth (1999) and age (23) sum to 2022 rather than to 2023 as would be expected given that her month of birth (May) is before the month of interview (July).

- If the month of birth is after the month of interview (she has not had her birthday this year), then her age plus her year of birth should equal the previous year 2022.

Example: A respondent interviewed in July 2023 tells you that she was born in December 1990 and is 32 years old. Her responses are **consistent**, i.e., her month of birth (December) is after the month of interview (July) and the year of birth (1990) and age (32) sum to the previous year (2022).

Another respondent interviewed in July 2023 says that she was born in September 1985 and is 38 years old. Her responses are **inconsistent**, i.e., her year of birth (1985) and age (38) sum to 2023 rather than to 2020 as would be expected given that her birth month (September) is after the month of interview (July).

- If the month of birth is the same as the month of interview, then a sum of either 2022 or 2023 is acceptable.

(2) IF ONLY YEAR OF BIRTH IS RECORDED IN Q. 110:

Add the year of birth to the respondent's age. Accept the sum if it is equal either to the year of interview 2023 or the previous year 2022.

Example: A respondent tells you she was born in 1993 and is 30 years old. Her answers are **consistent** since the sum of her year of birth (1993) and her age (30) is 2023.

Another respondent tells you she was born in 1993 and her age is 29 years. Her responses are **consistent** since the sum of the year of birth (1993) and her age (29) is 2022.

A third respondent tells you that she was born in 1993 and is 31 years old. Her responses are **inconsistent** since the sum of her year of birth (1993) and her age (31) is 2024.

Chart Method

You may use the Age/Birth-Date Consistency Chart (Figure 1) to check the consistency of the information the respondent provides. In using the chart, you will choose one of two approaches, depending on the type of information you have recorded in Q. 110.

(1) IF BOTH MONTH AND YEAR ARE RECORDED IN Q. 110:

Enter the chart at the age you recorded in Q. 111. If the month of birth is before the month of interview (she has already had her birthday this year), use the right-hand column to see what year of birth is consistent with that age. If the month of birth is after the month of interview (she has not yet had her birthday this year), use the left-hand column to see what year of birth is consistent with that age.

If the year of birth recorded in Q. 110 is not the same as the year of birth in the chart, then Qs. 110 and 111 are inconsistent and you will have to make a correction.

(2) IF ONLY YEAR OF BIRTH IS RECORDED IN Q. 110:

Enter the chart at the age you recorded in Q. 111. The year of birth listed in either the left- or right-hand column is consistent with that age.

If the year of birth recorded in Q. 110 is not the same as one of the two years of birth recorded in the chart, then Qs. 110 and 111 are inconsistent and you will have to make a correction.

FIGURE 1. AGE/BIRTH-DATE CONSISTENCY CHART FOR SURVEY IN 2023

Current Age	Year of birth		Current Age	Year of birth	
	Has not had birthday in 2023	Has already had birthday in 2023		Has not had birthday in 2023	Has already had birthday in 2023
	Don't know			Don't know	
0	2022		30	1992	1993
1	2021	2022	31	1991	1992
2	2020	2021	32	1990	1991
3	2019	2020	33	1989	1990
4	2018	2019	34	1988	1989
5	2017	2018	35	1987	1988
6	2016	2017	36	1986	1987
7	2015	2016	37	1985	1986
8	2014	2015	38	1984	1985
9	2013	2014	39	1983	1984
10	2012	2013	40	1982	1983
11	2011	2012	41	1981	1982
12	2010	2011	42	1980	1981
13	2009	2010	43	1979	1980
14	2008	2009	44	1978	1979
15	2007	2008	45	1977	1978
16	2006	2007	46	1976	1977
17	2005	2006	47	1975	1976
18	2004	2005	48	1974	1975
19	2003	2004	49	1973	1974
20	2002	2003	50	1972	1973
21	2001	2002	51	1971	1972
22	2000	2001	52	1970	1971
23	1999	2000	53	1969	1970
24	1998	1999	54	1968	1969
25	1997	1998	55	1967	1968
26	1996	1997	56	1966	1967
27	1995	1996	57	1965	1966
28	1994	1995	58	1964	1965
29	1993	1994	59	1963	1964

FIGURE 2. AGE/BIRTH-DATE CONSISTENCY CHART FOR SURVEY IN 2024

Current Age	Year of birth		Current Age	Year of birth	
	Has not had birthday in 2024	Has already had birthday in 2024		Has not had birthday in 2024	Has already had birthday in 2024
	Don't know			Don't know	
0	2023		30	1993	1994
1	2022	2023	31	1992	1993
2	2021	2022	32	1991	1992
3	2020	2021	33	1990	1991
4	2019	2020	34	1989	1990
5	2018	2019	35	1988	1989
6	2017	2018	36	1987	1988
7	2016	2017	37	1986	1987
8	2015	2016	38	1985	1986
9	2014	2015	39	1984	1985
10	2013	2014	40	1983	1984
11	2012	2013	41	1982	1983
12	2011	2012	42	1981	1982
13	2010	2011	43	1980	1981
14	2009	2010	44	1979	1980
15	2008	2009	45	1978	1979
16	2007	2008	46	1977	1978
17	2006	2007	47	1976	1977
18	2005	2006	48	1975	1976
19	2004	2005	49	1974	1975
20	2003	2004	50	1973	1974
21	2002	2003	51	1972	1973
22	2001	2002	52	1971	1972
23	2000	2001	53	1970	1971
24	1999	2000	54	1969	1970
25	1998	1999	55	1968	1969
26	1997	1998	56	1967	1968
27	1996	1997	57	1966	1967
28	1995	1996	58	1965	1966
29	1994	1995	59	1964	1965

HOW TO CORRECT INCONSISTENT ANSWERS

If the recorded birth date (Q. 110) does not agree with the age (Q. 111), you must correct the inconsistency. Do this by further probing and adjusting the age, the birth date, or both. It is important to understand that either or both of the two pieces of information may be incorrect. Do not always

assume that an inconsistency means, for instance, that the date of birth was given correctly and that the age is incorrect. It could be that the date or the age or both the date and the age are incorrect.

Remember, you **MUST** fill in an answer to Q. 111.

Finally, before moving on to the next question, verify that the respondent is indeed eligible. If the woman is younger than 15 years or 50 years or older you have to terminate the interview. Do this tactfully by asking two or three more questions, thank the respondent for her cooperation, and then discontinue the interview.

When you discover a respondent is outside the age group eligible for interview, you must correct the age and eligibility information for this woman in Columns (7) and (9) on the Household Questionnaire. In CAPI, doing so will automatically update the total number of eligible women reported on the cover page of the Household Questionnaire and in the assignment file.

Note that you should correct the information on the woman's age in the Household Questionnaire only when it affects her eligibility status. Otherwise, do not change the age response in the Household Questionnaire.

Q. 112: PERCEIVED HEALTH

The purpose of this question is to establish how the respondent perceives her own medical health. Make sure to read the entire question and record the response she provides. It is not important to know how she is defining the different categories, and you should not give her any guidance about what the differences between them are.

If the respondent answers Q. 112 by talking about the state of her finances or family troubles, remind her that the question concerns her medical health or how she feels "in the body". If she tells you about specific medical conditions that she is experiencing rather than answering the question with one of the response codes, do not record an answer for the question based on your assessment of how her medical conditions relate to her health status. Rather, repeat the question and tell her we are interested in her opinion of her medical health.

Q112A: LAST TIME VISITED A HEALTH FACILITY

The purpose of this question is to determine when the respondent last visited a health care facility for any reason or saw a health care provider. The visit to a health care facility can be for her own health care or that of her children. Select the unit of measurement and then enter the unit. The respondent may report in terms of number of days, weeks, months, or years. If less than 1 year, the answer must be reported in terms of months, weeks, or days. If 1 year or more, report the number in years through rounding. If the woman has never visited a health facility enter code 995

Q. 113: EVER ATTENDED SCHOOL

The term "school" means formal schooling, which includes primary, secondary, and post-secondary school, and any other intermediate levels of schooling in the formal school system. It includes technical or vocational training beyond the primary-school level, such as long-term courses in computer software or trades such as mechanics, plumbing, or electrical work. However, this definition of school does not include preschool, Bible school or Koranic school, or short courses like typing or sewing.

If a respondent says she attended an early childhood education program, but not school, record NO for Q. 113 since for this question we are only interested in schooling received during childhood, adolescence, and adulthood but not early childhood.

Q. 114: HIGHEST LEVEL ATTENDED

Record the highest level the respondent ever attended, regardless of whether or not the year was completed. For example, if she attended secondary school for only two weeks, record SECONDARY.

Q. 115: HIGHEST YEAR COMPLETED

For this question, record only the highest year that the respondent successfully completed at that level.

Example: If a woman was attending Year 3 of secondary school and left school before completing that year, record '02'. Although Year 3 was the highest year she attended, she completed only two years of secondary school.

Example: If a woman attended only two weeks of Year 1 of secondary school, record '00' for completed years since she did not complete any grades/classes (i.e. the full year) at the secondary school level.

Q. 116: FILTER FOR EDUCATION LEVEL

Q. 117: LITERACY

Based on your knowledge of the respondent, choose the card with the language in which the respondent is likely to be able to read if she is literate. Show the first sentence on the card to the respondent. Give the respondent enough time to read the sentence; do not rush her. Record whether the respondent was not able to read the sentence at all, was able to read only parts of the sentence, or was able to read the whole sentence. If the respondent asks for a sentence in another language and you were provided a card with sentences in that language, show the respondent the appropriate card. If there is no card with sentences in the language required, select '4' and specify the language.

It is important to avoid the problem of having other respondents in the household overhear the sentence being read. Subsequent respondents in the household might be able to repeat the sentence when they are interviewed, even if they are unable to read. If there is a second eligible respondent in the household, show her the second sentence on the card. Show the third respondent the third sentence on the card, and the fourth respondent the fourth sentence. If there are more than four respondents, start again with the first sentence on the card.

Q. 118: FILTER FOR LITERACY LEVEL

Q. 119: NEWSPAPER/MAGAZINE READING

The purpose of this question is to find out whether the respondent is exposed to influences outside her local community by reading newspapers or magazines. It does not matter what type of articles she reads, what language she reads in, or who buys the newspapers or magazines she reads. The question is simply about how often she reads them. Make sure that you read the entire question before accepting her answer.

If the respondent tells you that she is reading newspapers or magazines on the Internet, this should still be considered as exposure. The objective is to collect information on whether respondents are accessing newspapers or magazines, and if so, how frequently.

Q. 119A: NEWS/CURRENT EVENTS FOLLOWING ON SOCIAL MEDIA

The purpose of this question is to find out whether the respondent is exposed to information by reading news and current events on social media. This may be following news/current events on whatsapp, facebook, tik tok, Instagram, telegram, twitter or any other social media platform. It does not matter

what type of articles, what language she reads in, or what kind of material he/she is interested in. The question is simply about if this person follows social media. Make sure that you read the entire question before accepting her answer.

Q. 120: RADIO LISTENING

The purpose of this question is to establish whether the respondent is exposed to radio programming, by whatever means. Accessing the radio through the Internet or cable services, or other means is also included here. If there is any doubt as to whether the respondent listens to the radio at least once a week, probe. For example, after probing, if she says “I listen almost every day, but during the planting season, I’m away and I don’t listen at all,” record “at least once a week,” since she normally listens almost every day. It does not matter who owns the radio or what program she listens to. Again, make sure to read the entire question.

Q. 121: TELEVISION WATCHING

As with Qs. 119 and 120, the purpose is to get an idea of how much exposure the respondent has to influences outside her place of residence, this time through television broadcasts. It does not matter who owns the television or what program she watches.

A respondent watching television broadcasts via the Internet on a computer, smart phone, or other means should still be considered as watching television, as long as she is accessing television broadcasts.

Qs. 122 and 123: MOBILE PHONE OWNERSHIP

In Q. 122, ask the respondent if she owns a mobile phone. If the respondent says she has access to a mobile phone, but the phone does not belong to her, record NO and skip to Q. 127. If she says she owns a mobile telephone jointly with someone else, record YES.

In Q. 123, ask the respondent if the mobile phone she owns is a smart phone. A smart phone is a mobile phone that performs many of the functions of a computer, typically having a touchscreen surface, Internet access, and an operating system capable of running software applications (“apps”).

Qs. 127-129: INTERNET USE

The Internet is a world-wide public computer network. Internet use includes accessing web pages, e-mail, instant messaging, applications (such as WhatsApp), and social media (such as Facebook, Twitter, and Instagram). Internet access can be via a fixed or mobile network, and can occur via desktop, laptop, and tablet computers, smart phones, and other devices such as e-readers, smart televisions, and game machines. These questions ask about ever use, use in the last 12 months, and frequency of use in the last month. The type of device used to access the Internet does not matter. It also does not matter if the Internet use takes place in the household where the respondent is living or elsewhere.

Qs. 130: RELIGION

Ask the respondent for her religion in Q. 130. If she belongs to a religion not listed, select ‘96’ for OTHER and write in her response.

C. Section 2: Reproduction

In this section, information is collected about the births that a woman has had during her life, any pregnancies she had that did not end in a live birth, her current pregnancy status, the timing of the start of her last menstrual period, her age at first menstruation, and her knowledge of the monthly menstrual cycle. This is a particularly important section, and you need to be especially careful to obtain all the required information.

GENERAL NOTES ABOUT Qs. 201-209

This group of questions collects information about all births that the woman has had (no matter who the father is). It is important that you understand which events to include. We want to record all of the respondent's natural births. You should record all children who were born alive (that is, who showed signs of life by crying, breathing, or moving) even if they survived only for a few minutes. We want to know about all the woman's births even if the child no longer stays in the household or if the child is no longer alive.

It is also important to understand which events should not be recorded. You must not record adopted or foster children or children of relatives who may be living in the household. You also should not include any of her husband's children to whom the respondent did not give birth herself. Finally, you must not record children who were born dead (stillbirths) or miscarriages or abortions; rather, these three types of terminated pregnancies will be captured in Q. 210.

Q. 201: EVER GIVEN BIRTH

This question serves two purposes: to introduce the section and to learn whether the respondent has ever given birth. Even if the woman tells you that she never gave birth (Q. 201 is NO), you must go on to ask Q. 206 since she may not have told you about children who died very young.

Q. 202: ANY CHILDREN LIVING WITH HER

Read the question slowly. The sons and daughters being considered are her OWN biological children who live with her in her household (which will usually be the household in which the interview is being held, except for women who are visitors).

Q. 203: NUMBER OF CHILDREN LIVING WITH HER

Fill in the number of sons and daughters who live with the respondent. If she has only sons living with her, enter '00' in the boxes for daughters, and vice versa. Remember that we are only interested in the respondent's OWN biological children and not foster children, children of her husband by another woman, or children of a relative.

Note that it is never correct to record '00' in the boxes for both sons and daughters since women who have no children living at home skip directly from Q. 202 to Q. 204.

Qs. 204 and 205: ANY CHILDREN LIVING ELSEWHERE

These questions refer to the respondent's sons and daughters who are alive but not living with her. For example, they may be living with a relative, may be staying at a boarding school, may have been given up for adoption, or may be grown-up children who have left home. If she has only sons living elsewhere, enter '00' in the boxes in Q. 205 for daughters, and vice versa. Make sure the respondent is not reporting dead children in this question.

Qs. 206 and 207: CHILDREN WHO DIED

These questions on children who have died are extremely important and are among the most difficult on which to obtain accurate data. Some respondents may fail to mention children who died very young, so if a woman answers NO, it is important to probe by asking, “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?” Some respondents may be reluctant to talk about this subject and may become sad or upset that you are asking such questions. Be sympathetic and tactful in such situations. Say that you know the subject is painful but that the information is important.

Q. 208: TOTAL LIVE BIRTHS

The CAPI program will add up the numbers in Qs. 203, 205, and 207 and enter the total in Q. 208.

Q. 209: CHECKING TOTAL WITH RESPONDENT

Ask the respondent whether the total entered in Q. 208 is correct. If she says NO, select NO, and return to Qs. 201-208 to check with the respondent whether you have obtained the information correctly.

Example: Starting with Q. 203, you would ask, “You have two sons and one daughter living with you. Is that correct?” Do the same for Qs. 205 and 207. If you have made any changes to Qs. 203, 205, and 207, a new total will be entered in Qs. 208 and 209.

Once you have made sure the total number of births is correct, change the code in Q. 209 from NO to YES and proceed with Q. 210.

Q. 210: PREGNANCIES THAT DID NOT RESULT IN A LIVE BIRTH

Qs. 201-209 asked the respondent about live births. Now, in Q. 210, we want to know whether the respondent had any pregnancies that did not result in a live birth. To ensure that none are missed, the question specifically mentions the three ways a pregnancy may not result in a live birth:

- **Miscarriage:** a woman’s pregnancy ended early and involuntarily
- **Abortion:** the woman voluntarily ended a pregnancy
- **Stillbirth:** the woman gave birth to a child that showed no signs of life (was born dead)

Make sure to read the full question to the respondent.

Q. 211: NUMBER OF LIFETIME MISCARRIAGES, ABORTIONS, AND STILLBIRTHS

Ask the respondent how many miscarriages, abortions, and stillbirths she has had. If she says she had one pregnancy that ended in a miscarriage and another that was a stillbirth, record ‘02’ total miscarriages, abortions, and stillbirths. If she says she was pregnant with twins, and they were both born dead, record ‘02’.

Q. 212: TOTAL PREGNANCY OUTCOMES

Pregnancy outcomes refer to the total number of live births, miscarriages, abortions, and stillbirths the respondent has had. A woman can have one pregnancy that leads to two or more pregnancy outcomes. For example, a woman who was pregnant with twins could give birth to a live birth and a stillbirth. She had one pregnancy but two pregnancy outcomes. Similarly, a woman who was pregnant with triplets would have one pregnancy and three pregnancy outcomes.

The CAPI program will add up the numbers in Qs. 208 and 211 and enter the total in Q. 212.

Q. 213: FILTER FOR NUMBER OF PREGNANCY OUTCOMES

Qs. 214-228: PREGNANCY HISTORY TABLE

In the pregnancy history table, we want a complete list of all the pregnancy outcomes the respondent has had in the order in which they occurred, starting with her first pregnancy. Each pregnancy outcome will occupy one row in the pregnancy history table.

Q. 214: REQUEST FOR PREGNANCY HISTORY

Begin the section by informing the respondent that we would like to record all of her pregnancies, from all marriages and unions, including live births, stillbirths, miscarriages, and abortions.

For each pregnancy outcome, you will ask Qs. 215-222 in one row (the end of which is marked by a thick black line), before moving to the next pregnancy outcome in the next row. After all the pregnancies are listed and the information in Qs. 215-222 has been entered for each outcome, you will then complete Qs. 223-228 for each pregnancy outcome.

Q. 215: SINGLE PREGNANCY, TWINS, TRIPLETS OR OTHER CATEGORY OF MULTIPLE PREGNANCY

Beginning with the respondent's first pregnancy, record whether the pregnancy was a single pregnancy or a pregnancy of twins, triplets, or other category of multiple pregnancy.

For example, a respondent's first pregnancy resulted in twin boys, Marcus (born first) and Michael (born second). The respondent's next pregnancy resulted in a stillbirth. In Q. 215, code 2 (TWINS) would be entered in line 01 (Marcus) and line 02 (Michael). Code 1 (SING) would be entered in line 03 (stillbirth).

If the respondent's pregnancy resulted in triplets, code 3 (TRIP) would be entered in Q. 215 for each of the three pregnancy outcomes. If the respondent had more than 3 pregnancy outcomes (e.g., quadruplets or quintuplets), the total number of pregnancy outcomes would be entered into the box provided, and this same number would be used for each outcome.

Q. 216: PREGNANCY OUTCOME STATUS

The wording of this question will depend on whether the pregnancy resulted in a single outcome or multiple outcomes. If the pregnancy resulted in a single outcome, ask "Was the baby born alive, born dead or did you have a miscarriage or abortion?" Select the appropriate response code. Notice that the skips differ for each category and therefore it is critical to code the respondent's answer correctly:

- BORN ALIVE skips to Q. 218.
- BORN DEAD proceeds to next question.

- MISCARRIAGE and ABORTION skip to Q. 220

If the pregnancy resulted in multiple outcomes, for the first outcome, ask “Was the first baby in this pregnancy born alive or born dead?” For subsequent outcomes, ask “Was the next baby in this pregnancy born alive or born dead?” Note that although the multiple pregnancy version of the question does not explicitly mention miscarriage or abortion, both are still available as result codes. Thus, if in Q. 215 a respondent says she was pregnant with twins and she miscarried both of them, you will be able to code this result correctly in Q. 216.

Q. 217: CONFIRMATION OF STILLBIRTHS

This question is only asked about pregnancies that the respondent said ended in a stillbirth (category ‘2’ in Q. 216). Here we are confirming whether the child was born dead (that is, the child never cried, moved, or breathed) or whether the pregnancy ended with a child who was born alive but later died. Remember to be sympathetic and tactful when asking these questions as they can be painful for the respondent.

If the respondent says that the baby did not cry, move, or breathe, select ‘NO’ and skip to Q. 220. This is a true stillbirth.

If the respondent says the baby showed any sign of life, select ‘YES’ and proceed to the next question. This baby was born alive.

Note: if Q. 217 showed that the pregnancy resulted in a live birth and not a stillbirth, you do not need to go back and correct Q. 216.

Q. 218: BABY’S NAME

Record the name of the baby born from the pregnancy.

Write the name that distinguishes that child from the others—in other words, if there are two children, Harvey Johnson and Matilda Johnson, write “Harvey Johnson” and “Matilda J.,” not “H. Johnson” and “M. Johnson.” If the baby never had a name, either because it is still very young or because it died when it was very young, write “Baby” for the name.

Q. 219: CHILD’S SEX

Select the code for the sex of the child. Although you can often tell the sex from the name, check with the respondent by saying, for example, “and Joyce is a girl?” Do not assume the sex of the child from the name.

Q. 220: DAY, MONTH, AND YEAR OF PREGNANCY OUTCOME

The information in Qs. 216 and 217 will be used by the CAPI program to determine how to properly ask this question. The wording of the question will vary depending on whether the pregnancy outcome was a live birth or a stillbirth, miscarriage, or abortion.

If category ‘1’ BORN ALIVE is recorded in Q. 216, you will ask “On what day, month, and year was (NAME) born?”

If category ‘3’ MISCARRIAGE or ‘4’ ABORTION is recorded in Q. 216, ask “On what day, month, and year did this pregnancy end?”

If category ‘2’ BORN DEAD is recorded in Q. 216, the CAPI program will check Q. 217 to confirm if the pregnancy outcome was a stillbirth (‘2’ NO is recorded in Q. 217). In this instance, you will ask

“On what day, month, and year did this pregnancy end?” However, if ‘1’ YES is recorded in Q. 217, then we have determined that the outcome was actually a live birth, and you will ask “On what day, month, and year was (NAME) born?”

For live births, always look at any documents you collected from the woman at the beginning of the interview (e.g., birth certificate, child’s immunization record, or mother’s health documents) to see whether a date of birth was recorded. Before entering a date from these documents, however, check with the respondent to determine whether she believes the date is accurate. In some cases, the information on the document may be the date when the event was recorded and not the date when the child was born.

For all pregnancy outcomes, you **must** enter the year of birth (or year the pregnancy ended), even if it is respondent’s best estimate. If the respondent cannot recall the year when the pregnancy outcome occurred, you need to probe carefully. See if the respondent knows a firm birth date for any other child in the household and relate it to that.

Example: If she knows the second child was born in 2004 and the first child was just a year old at that time, enter ‘2003’ as the year of birth of the first child.

For pregnancy outcomes that occurred in the last 5 years, you **must** enter **both a month and year** of birth (or month and year the pregnancy ended), even if the dates are an estimate based on probing. The CAPI program will not allow you to enter ‘DON’T KNOW’ for either the month or year. The day of the birth (or day the pregnancy ended) should also be entered if it is known or if it can be estimated, but you are allowed to enter ‘98’ for ‘DON’T KNOW’ if the respondent is unable to provide any information.

Example: if a respondent says her daughter was born in 2017, but she does not know which day or month, ask her whether she gave birth in the dry or wet season, whether she remembers if she was pregnant (during Ramadan or at Christmas or Easter time or other well-known holidays or events), or during some other significant event/season of the year to try to determine at least the month of birth. Convert months to numbers, as before. If you have no information on the day of birth, write ‘98’ for DAY. You must provide a month and year of birth.

Q. 221: LENGTH OF PREGNANCY

Record the duration of the pregnancy in completed weeks or months, based on the unit of time the respondent uses. Either unit of time is equally acceptable. If the woman says she had a full-term pregnancy, record ‘09’ in MONTHS. For example, if a woman had a miscarriage after being pregnant for 7 weeks, record the duration in completed weeks. If a woman was pregnant for an unknown but short time, ask the respondent to make an estimate.

Q. 222: PROBING THE INTERVAL BETWEEN PREGNANCY OUTCOMES

The purpose of this question is to make sure that we have not missed any of the respondent’s pregnancy outcomes. The phrasing of the question depends on information you will have entered in Qs. 215-221. For the first pregnancy outcome (row 01), you will ask whether there were pregnancies that occurred before the first pregnancy the respondent mentioned. For a single pregnancy or for the first birth of a multiple pregnancy, you must ask the respondent whether there were any pregnancies between the previous pregnancy and the pregnancy about which you had just been asking. If the woman tells you there was no other pregnancy, record NO in Q. 222.

If the woman tells you that there was another pregnancy, record YES in Q. 222. You will then need to add the additional pregnancy outcome to the table and ask Qs. 215-222 for that pregnancy outcome.

Example: Initially a respondent tells you that she has had three pregnancies, the first resulting in the birth of Michael, followed by the birth of Mary, followed by a miscarriage. After recording all of the information for Qs. 215-221 for the miscarriage as appropriate, you ask Q. 222: “Were there any other pregnancies between the previous pregnancy (birth of Mary) and this pregnancy?” The woman tells you there was a stillbirth after Mary and before the miscarriage. Record YES in Q. 222. You will then add the stillbirth to the pregnancy history.

In a paper questionnaire, you would add the stillbirth to the end of the pregnancies, draw an arrow to show the location of the stillbirth between Mary and the miscarriage, and renumber the pregnancy numbers to reflect the correct order of the pregnancies. The method you will use to add a birth to the pregnancy table in the CAPI system will be discussed during the CAPI training.

In the situation where you are collecting information on a second, third, fourth (etc.) birth of multiple pregnancy, there is no need to ask Q. 222. Instead, skip to 216 in the next row. This will be done automatically by CAPI.

Q. 222A: RECENTLY ENDED PREGNANCIES

In this question, you will confirm whether there are any recent pregnancies that the respondent may not have mentioned. If the respondent mentions a recent pregnancy not listed in the pregnancy history table, select ‘YES’ and record the pregnancy outcome in the last row of the table. If there are no more recent pregnancies, select ‘NO’ and proceed to Q. 223 (row 01).

Q. 222B: CONFIRMATION OF NUMBER AND ORDER OF PREGNANCY OUTCOMES

An accurate pregnancy history requires a complete list of pregnancy outcomes in the correct order. This question instructs you to read out loud the list of pregnancy outcomes in the order that they appear on your tablet and ask the respondent to confirm that their number and order is correct. If the respondent identifies a problem, probe for the correct information and revise the pregnancy history as required.

Q. 223: FILTER FOR PREGNANCY OUTCOME STATUS

You will arrive at Q. 223 only after you have completed Qs. 215-221 for each pregnancy outcome. This filter will check Qs. 216, 217, and 221 to determine whether the Qs. 224-228 are relevant for each pregnancy outcome. If the pregnancy ended in a stillbirth, miscarriage, or abortion, proceed to Q. 223 for the next pregnancy outcome.

In this survey, a pregnancy that did not end in a live birth is classified as a stillbirth if the pregnancy duration is 7 months/28 weeks or longer and is classified as miscarriage if the pregnancy duration is less than 7 months/28 weeks.

Q. 224: CHILD’S SURVIVAL STATUS

In Q. 224, we are asking the respondent whether a child that was born alive is still alive or not. If the child was born alive but died later on, select ‘2’ NO and skip to Q. 228.

Q. 225: AGE OF LIVING CHILD

The age of all living children should be recorded in completed years.

Example: A child who will become three years old next month should be recorded as ‘02’ years today. A child less than one year old will be recorded as age ‘00’ years.

Sometimes, a mother will not know the current age of her child. In this case, you may rephrase the question to, “How many years ago was John born?” You can also use other available information such as relating John’s age to the age of a child she does know.

Example: The mother may know that her youngest child was born one year ago and that John was around two years old at that time, in which case John would be three years old now.

You MUST record an age for all children who are still alive.

CONSISTENCY CHECK: DATE OF BIRTH AND AGE

You are not finished with Q. 225 until the consistency between Q. 220 (date of birth) and Q. 225 (age) has been checked. The CAPI program will automatically alert you if the Q. 220 and Q. 225 are inconsistent. To do this check manually, you would use either the arithmetic or chart procedure:

Arithmetic procedure. Add the year of birth and the age. If the child has already had a birthday this year (month of birth is prior to month of interview, or month of birth is the same as the month of interview and day of birth is on or before the day of interview), the sum should be 2023. If the child has not had a birthday yet this year (month of birth is after month of interview, or month of birth is the same as the month of interview and day of birth is after the day of interview), the sum should be 2022. If the child’s month of birth is the same as the month of interview and the day of birth is not known, the sum can be either 2022 or 2023. If the month of birth is not known, the sum can be either 2022 or 2023.

Age/Birth Date Consistency Chart. Locate the age on the chart (Figure 1). Check that the birth year is consistent with that age in the chart. Use the right-hand column if the month of birth is before the month of interview and the left-hand column if the month of birth is after the month of interview. If the month of birth is the same as the month of interview, use the right-hand column if the day of birth is on or before the day of interview and the left-hand column if the day of birth is after the day of interview. If the month of birth is not known, or the month of birth is the same as the month of interview and the day of birth is not known, the year of birth must be the same as one of the two years of birth recorded in the chart.

Both these procedures are explained in more detail after Qs. 110 and 111.

If year of birth date and age are not consistent, probe to get the correct information. Remember when probing, that either or both responses—age or birth date—may be wrong.

Q. 226: CHILD LIVING WITH MOTHER

This question is important in determining the extent to which children live away from their biological mothers. If a child is away at boarding school or lives with other people on a permanent basis, record NO. If the child is away for a short while but usually lives with the mother, record YES.

Q. 227: HOUSEHOLD LINE NUMBER OF CHILD

In Q. 227, record the line number of the child from Column 1 of the Household Schedule in the Household Questionnaire. If the child is not living in the household, enter ‘00’ in the boxes. If the child is not listed in the Household Schedule, but the mother says that the child is in fact a usual resident or a visitor in the household, you will need to add the child to the Household Schedule.

Be careful in recording the line number from the Household Schedule since any errors will cause problems during data processing.

After completing Q. 227 for the first pregnancy outcome, proceed to Q. 223 for the next pregnancy outcome.

Q. 228: AGE AT DEATH

If the skip pattern has been followed correctly, you will be asking this question only for children who were born alive and have since died.

For all children who have died, you must record an age at death in Q. 228, even if it is only a best estimate. Age at death information is recorded in days, months, or years, depending on the child’s age at the time of death.

- If the child was less than one month old at death, select ‘1’ and write the answer in DAYS.
- If the child was at least one month old but less than two years old when he or she died, select ‘2’ and write the answer in MONTHS.
- If the child was two years old or older when he or she died, select ‘3’ and write the answer in YEARS.

If the instruction in Q. 228 is followed correctly, you should **never** record **‘00’ months or ‘00’ or ‘01’ years.**

Here are some examples of how to record age at death:

“She was 3 years old when she died.”	DAYS.....1			
	MONTHS.....2			
	YEARS.....③	0	3	
“He was only six months old.”	DAYS.....1			
	MONTHS.....②	0	6	
	YEARS.....3			
“She died when she was 5 days old.”	DAYS.....①	0	5	
	MONTHS.....2			
	YEARS.....3			
“He was 4 and a half months old.”	DAYS.....1			
	MONTHS.....②	0	4	
	YEARS.....3			
“He was 2 weeks old when he passed away.” After probing you learn that the baby was actually 12 days old when he died.	DAYS.....①	1	2	
	MONTHS.....2			
	YEARS.....3			
“She died on the same day she was born.”	DAYS.....①	0	0	
	MONTHS.....2			
	YEARS.....3			

Some points to remember in completing Q. 228:

- **Use completed units.** You should give the answer in completed units, i.e., if she says “four and a half months,” record MONTHS ‘04.’
- **Convert answers given in weeks to days or months.**
 - If the answer is **less than four weeks**, probe to find out the **exact age at death in days**. For example, if the answer is “three weeks,” probe for the number of days. If the mother says 19 days, record DAYS ‘19.’
 - If the answer is **four weeks or more**, convert the answer to completed months. An answer of “seven weeks” would be recorded as MONTHS ‘01.’
- **Probe when the answer is “one year”.** We know that often mothers will round off their answer if a child died close to the first birthday, i.e., the mother is likely to respond “one year old” even if the child really was younger (e.g., 10 months or 11 months) or older (e.g., 13 or 14 months) at the time of death. Therefore, anytime a woman responds “one year” or “12 months” to this question, probe by asking, “Did (NAME) have (his/her) first birthday?” followed by “Exactly how many months old was (NAME) when (he/she) died?”

“She died when she was one year old.” After probing, you may learn that the child was actually 13 months old.	DAYS.....1		
	MONTHS.....②	1	3
	YEARS3		

OTHER POINTS ABOUT THE PREGNANCY HISTORY TABLE

- 1) Recording of age at death, year of outcome, and age of living children. For day of the pregnancy outcome in Q. 220, it is permissible to record Code ‘98’ for DON’T KNOW as an answer. For month of the pregnancy outcome in Q. 220, it is possible to record Code ‘98’ for DON’T KNOW if the pregnancy outcome did not occur in the last 5 years, but this code should only be used when it is not possible to come up with an estimate. However, for year of pregnancy outcome (Q. 220), age of living children (Q. 225), and age at death (Q. 228), you must record an answer. It is very important to obtain information for these questions, so you must probe for this information and, if necessary, work with the respondent to obtain a best estimate on the basis of the woman’s answers.
- 2) Recording of information on twins (or triplets, etc.). If there are any twins, record the information about each twin on a separate line. If the twins are the respondent’s last birth and if one twin is dead, record the living twin last. By doing this, you will be able to talk about the living twin first when you get to Section 4, which may be more comforting for the respondent.
- 3) Checking birth interval. Check the dates of each birth. If any two children are reported born less than seven months apart, e.g., December 2008 and May 2009, probe and correct the dates. Either the December birth occurred earlier or the May birth occurred later, or both.

Q. 230: CONSISTENCY OF TOTAL PREGNANCIES

The CAPI program will compare the number of pregnancy outcomes in Q. 212 to the number of pregnancy outcomes listed in the pregnancy history table. If the number in the table is equal to the number in Q. 212, you will proceed to Q. 231.

If the number in the table is greater than the number in Q. 212, you will also proceed to Q. 231. This situation could occur if, for example, a pregnancy that resulted in multiple stillbirths (e.g., stillbirth twins) was counted as a single pregnancy outcome in Q. 212 but as two pregnancy outcomes in the pregnancy history table. In such an instance, there is no need to make a correction.

In contrast, if the number in the pregnancy history is less than the number recorded in Q. 212, you must probe to find the cause of the difference and correct it before you continue to Q. 231. This may necessitate adding pregnancy outcomes to the pregnancy table or subtracting pregnancy outcomes from Qs. 203, 205, 207, or 211. When properly completed, your questionnaire must always have the same or more pregnancy outcomes in the table as the number recorded in Q. 212.

Q. 231: PREGNANCIES AND BIRTHS ON THE CALENDAR

Each birth and termination (stillbirth, abortion, or miscarriage) in 2018 or later must be entered in the calendar, which is included at the end of the Woman's Questionnaire. This will be done automatically by the CAPI program based on the information entered into Qs. 215-228. Below, is a description of the process that would be used to complete a paper questionnaire so that you will understand what information is included in the calendar and from where it comes.

First place a 'B' in the month of birth and write the child's name to the left of the 'B' code. Based on the information entered in Q. 221, record 'P' in each of the preceding months according to the duration of the pregnancy. The number of 'P's must be one less than the number of months that the pregnancy lasted. If the duration of the pregnancy was recorded in weeks in Q. 221, 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 of pregnancy.

Example 1: The respondent gave birth to one child, Marie, since January 2018. She reports that she had completed nine months of pregnancy when she gave birth to Marie in November 2021. Record a 'B' in the calendar in November 2021 and record 'P's in each of the preceding 8 months, i.e., in the months March through October 2021. Write 'Marie' to the left of the month in which Marie was born, i.e., November 2021.

Example 2: The respondent gave birth to one child, Mohamed, since January 2018. She reports that she had completed 41 weeks of pregnancy when she gave birth to Mohammed in June 2019. Multiply 41 weeks x 0.23 to get 9.43 months. This is 9 completed months. Record a 'B' in the calendar in June 2019 and record 'P's in each of the preceding 8 months, i.e., in the months October through May 2021. Write 'Mohammed' to the left of June 2019.

Any pregnancy that ended in January 2018 or later and did not result in a live birth should also be recorded in the calendar. Follow the same instructions as for live births except record a 'T' in the month the pregnancy ended.

Example 1: A woman had a pregnancy end in a stillbirth in May 2019 in the eighth month of her pregnancy. Place a 'T' in the calendar next to May 2019 and a 'P' in each of the six months preceding May 2019 i.e., in each month in the calendar from November 2018 through April 2019.

Example 2: A woman tells you that the last pregnancy she lost ended in August 2019 after 14 weeks of pregnancy. Multiply 14 weeks x 0.23 to get 3.22 months. This is 3 completed months.

Place a 'T' in the calendar next to August 2019, the month and year in which the pregnancy terminated, and a 'P' in each of the two preceding months that the woman was pregnant (i.e., June and July 2019).

Example 3: A woman tells you that she had a pregnancy that ended in a miscarriage in March 2020 after 11 completed weeks of pregnancy. Multiply 11 weeks x 0.23 to get 2.53 months. This is two completed months. Place a 'T' in the calendar next to March 2020 and one 'P' in the one preceding month (February 2020).

Q. 232: CURRENT PREGNANCY STATUS

Q. 233: WEEKS OR MONTHS OF CURRENT PREGNANCY

Record the answer in completed weeks or months, putting a zero in the first box if she has completed nine or fewer weeks or months of pregnancy. You may need to check that the woman is responding in completed weeks or months.

Example: If the woman answers that she is 'five months pregnant,' ask "Are you in your fifth month of pregnancy, or have you completed your fifth month of pregnancy?" Record '04' if she responds that she is in the fifth month of pregnancy and '05' if she has completed five months of pregnancy.

The information collected in Q. 233 must also be added to the calendar. This will be done automatically by the CAPI program. If this were a paper survey, you would write 'P' in the month of interview and for the preceding months of pregnancy. The total number of months recorded with 'P' for the current pregnancy will be the same as the number recorded in Q. 233, i.e., the number of completed months of pregnancy. If the woman reported the pregnancy duration in weeks, you would multiply the number of weeks by 0.23 to convert to the number of months. You would then round down to the nearest whole number to get the number of completed months of pregnancy to enter into the calendar.

If the woman does not know how many weeks or months she has been pregnant, probe to get an estimate by asking, for example, about the date of her last menstrual period.

Qs. 234 and 235: DESIRED TIMING OF PREGNANCY

In Q. 234, women who are pregnant are asked whether they wanted to get pregnant at that time.

The wording of Q. 235 depends on whether or not the respondent has ever had a live birth. Depending on the information provided in Q. 208, the CAPI program will automatically choose the correct wording of the question for you to ask.

Q. 236: START OF LAST MENSTRUAL PERIOD

The answers to this question will help to determine whether any of the respondents are actually menopausal or infecund because they have not had their periods in a long time. This is important in any study of fertility since menstruation is directly linked to pregnancy.

Record the respondent's answer in the units that she uses.

Example: if she says "three weeks ago," select '2' and record WEEKS AGO '03.' If she says "Four days ago," select '1' and record DAYS AGO '04.'

If the respondent appears to be rounding off her answer, probe for an exact answer. For example, if she says "About a week ago," say, "Do you remember which day? Was it before or after the weekend?"

Some respondents, especially women who are currently pregnant, may give you the date that her last menstrual period began. If this happens, calculate the length of time since that date and record it in the appropriate units. If the date is less than one week ago, record her answer in days. If the date is less than one month ago, record in weeks. If the date is less than one year ago, record in months.

Example: the date of interview is 3 January 2022, and the respondent reports that the start date of her last menstrual period was 31 December 2020, that is just over one year ago. Record YEARS AGO '01'.

Example: the date of interview is 3 January 2022, and the respondent says that the date of her last menstrual period was 31 January 2021. Record MONTHS AGO '11'.

Example: the date of interview is 3 January 2022, and the respondent says the date of her last menstrual period was 1 October 2021. In this instance, record MONTHS AGO '03'.

There are also several response codes used to assist situations where a respondent cannot recall the start date of her last menstrual period. If she doesn't know when her last menstrual period started and has not menstruated since the end of her last pregnancy, record BEFORE LAST PREGNANCY. If she doesn't know when her last menstrual period started and tells you she is in menopause or she has had a hysterectomy, record IN MENOPAUSE/HAS HAD HYSTERECTOMY. A woman who is too old to menstruate or become pregnant is described as being in menopause. A hysterectomy is an operation to remove the uterus. If she has never menstruated, record NEVER MENSTRUATED.

Q. 237: FILTER FOR TIMING OF LAST MENSTRUAL PERIOD

Qs. 238 and 239: MENSTRUAL HYGIENE

If a woman lacks proper menstrual hygiene management, she may face exclusion from education and social activities. Ask Q. 238 and record all methods and products the respondent used to collect or absorb blood during her last menstrual period. In Q. 239, we are interested in knowing whether, during her last menstrual period, the respondent was able to wash and change in private in her own home. If she was away from her home during her last period, record '3' AWAY FROM HOME DURING LAST MENSTRUAL PERIOD.

Q. 240: AGE AT FIRST PERIOD

Ask the respondent how old she was when she had her first ever menstrual period. Probe to help the woman remember the age she was when it first happened.

Qs. 241 and 242: KNOWLEDGE OF MONTHLY CYCLE

Ask Q. 241 to see whether the woman thinks there are days during a woman's monthly cycle when she is more likely to become pregnant. If she says yes, ask Q. 242. Make sure to read the entire question mentioning each of the four possible times before recording her response.

Q. 243: KNOWLEDGE OF POST-PARTUM FERTILITY

Ask whether the respondent thinks that a woman can get pregnant after giving birth but before her menstrual period returns.

D. Section 3: Contraception

This section collects information relating to the knowledge and use of various contraceptive methods which a couple can use to avoid or delay pregnancy. The topic of contraception and family planning may be considered a personal matter by a respondent, and she may feel embarrassed to talk about it. To overcome her embarrassment, you must show that you do not feel embarrassed or uncomfortable in any way. Ask these questions as if they were no different from any other questions in the questionnaire. If she is hesitant to answer any of these questions, reassure her that everything she says will be treated confidentially and that the same questions are being asked of women all over the country.

Q. 301: Contraceptive Table

The contraceptive table (Figure 2) is used to record the information that the respondent provides about her knowledge and use of specific contraceptive methods in response to Q. 301. This is how you should work through this table:

- 1) Read the introductory sentence at the top of the table.

Then, starting at the top of the list, ask “Have you ever heard of (METHOD)?” Select Code ‘1’ if she knows the method and ‘2’ if she does not know the method. If the woman seems to be unfamiliar with the name of the method, read the full description of the method to her.

The respondent may not always understand what you are talking about when you describe a particular method. In such cases, repeat the description. If she still does not understand, you may need to explain the method in different words or in slightly greater detail.

Description of Contraceptive Methods

In order to complete the contraceptive table accurately and completely, it is important that you have some knowledge of contraceptive methods yourself and that you are familiar with the names that people use to refer to each method. The following provides additional information on selected methods that are included in the contraceptive table that may be useful in completing the table:

FEMALE STERILIZATION. An operation performed to enable the woman to stop having children. This is also referred to as tying the Fallopian tubes, a tube tie, or tubal ligation.

MALE STERILIZATION. This is a comparatively minor operation done on men for contraceptive purposes. It is also called vasectomy.

IUCD. Women can have a plastic, T-shaped device placed inside them by a doctor or a nurse. There are two types of IUCDs: hormonal IUCDs and copper IUCDs. Both types are effective in preventing pregnancy. The IUCD is a reversible form of contraception and can be used for up to 5-10 years (depending on the type) before needing to be replaced.

INJECTABLES. An injection of hormone that is released slowly into the bloodstream can be given regularly to women to prevent pregnancy. The most common type of injectable contraceptive is given every three months. This is known as *depomedroxyprogesterone acetate* (DMPA), Depo Provera, Depo, or *Megestron*[®]. Another injectable contraceptive, NET EN (also called *Noristerat*[®]) is given every two months.

FIGURE 2. CONTRACEPTIVE TABLE

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 pregnant.	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

IMPLANTS. Also called Norplant, these are small rods surgically implanted in a woman's upper arm. They usually protect a woman against pregnancy for five or more years.

PILL. Women can take a pill every day to avoid becoming pregnant.

MALE CONDOM. Men can put a thin, rubber sheath on their penis before sexual intercourse.

FEMALE CONDOM. A thin, transparent soft plastic pouch that can be placed in the vagina before sex to avoid pregnancy.

EMERGENCY CONTRACEPTION. Women can take pills up to three days after having sex to avoid getting pregnant. These pills are also called "morning-after pills."

Note: an IUCD may be used as a form of emergency contraception. However, in the DHS, emergency contraception refers only to emergency oral contraception and not the IUCD. If a respondent says she has heard of an IUCD as a form of emergency contraception but has not heard of emergency oral contraception, in the contraceptive table, record YES to IUCD but NO to emergency contraception.

STANDARD DAYS METHOD. Women use color-coded beads to track the days of their menstrual cycle when they are most likely to get pregnant, and the couple avoids unprotected sex on those days. These are sometimes referred to as CycleBeads.

LACTATIONAL AMENORRHEA METHOD (LAM). Women can postpone the return of menstruation after a birth (and therefore remain unlikely to become pregnant) by breastfeeding frequently. A specially taught method that makes use of this principle is the lactational amenorrhea method (known as LAM). This method requires a woman to:

- Breastfeed frequently (without feeding the child anything else except very limited amounts of plain water);
- Know that the method can be used for up to six months after a birth as long as menstruation has not returned;
- Know that if menstruation returns, the child becomes six months old, or the mother starts feeding her child anything other than breast milk or plain water, she should begin using another method of contraception if she wants to avoid becoming pregnant.

RHYTHM METHOD. This is also called the safe period, periodic abstinence, or the calendar method. This method is based on the principle that by not having sexual relations on certain days of her monthly cycle, a woman can avoid becoming pregnant. Note that this is not the same as prolonged abstinence where the couple stops having sexual relations for months at a time to avoid pregnancy without regard to the woman's monthly cycle. Nor is it the same as the Standard Days Method, which requires the use of colored beads or a similar tool. To ensure that the respondent understands, stress the phrase "on the days of the month she is most likely to get pregnant." Also, if a woman does not feel like having sex on particular days of her cycle, that does not mean that she is using the rhythm method.

ANY OTHER METHOD(S). Women may mention methods that are not described in the table. These may include modern methods such as spermicides including foam, cream, jelly, foaming tablets, or suppositories that are used to kill sperm or make sperm unable to move toward the egg. They may also mention the diaphragm or cervical cap. Diaphragms and cervical caps are soft rubber cups that can be placed in the vagina to cover the cervix

to block sperm from entering the uterus and tubes where sperm could meet an egg. Diaphragms and cervical caps should be used with spermicidal jelly or cream.

Women may also mention traditional or folk methods such as prolonged abstinence, breastfeeding, or herbs.

Q. 302: FILTER FOR PREGNANCY STATUS

Q. 303: CURRENT USE OF CONTRACEPTION

This question, along with Qs. 304-307, are some of the most important in the questionnaire. First, ask the respondent whether she or her partner are currently using any method of contraception to delay or avoid pregnancy. Current users of contraceptive methods should have used them during the most recent acts of intercourse. Current users of the pill should be taking pills daily. However, if the respondent forgot to take her pill one day, but is now taking the pills every day, she would still be considered to be a current user. Some methods provide ongoing protection without daily or regular action by the woman. Contraceptive injections may have been administered two to three months earlier and still provide protection, while implants provide protection for up to five years, or until removed. An IUD, once inserted, protects against pregnancy until it is removed or expelled. If any of these methods are currently being used by the woman to delay or avoid pregnancy, select '1' YES.

It is important to note that the question also refers to anything the woman's partner may be using to delay or avoid pregnancy, for example, using male condoms or withdrawal.

If the woman or her partner are sterilized for the purpose of avoiding pregnancy, select '1' YES.

If neither the respondent nor her partner is currently using any method of contraception, record '2' NO proceed to the next question.

Q. 304: STERILIZATION STATUS

Female and male sterilization provide permanent protection against pregnancy. Sometimes, however, respondents who are sterilized or whose partners are sterilized don't respond YES to Q. 303. This can occur because, for example, the sterilization happened several years ago, and they don't think of it as a method they are actively using in the same way that a couple would actively use contraceptive pills or male condoms. Therefore, in countries in which sterilization is common, we ask women directly about their sterilization status.

If the respondent says yes to Q. 304, ask: "Who is sterilized, you or your partner?" If the respondent is sterilized and her partner is not, record '1' YES, RESPONDENT STERILIZED ONLY.

If the woman's partner has been sterilized but she has not, record '2' YES, PARTNER STERILIZED ONLY. If, however, she says her husband had a vasectomy, but she and her husband are no longer together, his sterilization status should **not** be considered in response to this question.

If neither the respondent nor her current partner is sterilized, record '4' NO, NEITHER STERILIZED and skip to Q. 306.

Q. 305: FILTER FOR STERILIZATION STATUS

Q. 306: CHECK FOR CURRENT CONTRACEPTIVE USE

The respondent may consider some types of family planning as not being contraceptive methods, and therefore did not mention their use in Q. 303. These methods include deliberately avoiding sex on

certain days (Standard Days Method, using beads, or rhythm method), condoms, withdrawal, and emergency contraception.

Make sure to read the entire question to the respondent, and if she or her partner are currently using any of the methods listed, record '1' YES. If the respondent confirms that she and her partner are not using any of the methods in the question, record '2' NO and skip to Q. 317.

Q. 307: CURRENT USE OF CONTRACEPTIVE METHODS

If the woman mentions more than one method, select the code for all methods that are currently being used. If more than one method is selected, follow the skip instruction for the highest method on the list and ask the subsequent questions about that method. Note: the CAPI program will automatically follow the skip instructions of the highest method on the list.

If the woman says she is using an IUD as a form of emergency contraception, record IUD and not EMERGENCY CONTRACEPTION.

Note: delaying first sex is not a contraceptive method. If, for example, a young woman answers YES to Q. 303 and then, in response to Q. 307, says the current method she is using is abstinence, this will not be counted as a method of contraception, and the respondent will be considered the same as a person who is not using a method of contraception. Instead, select '2' NO in Q. 303.

Note: Hysterectomy (removal of the uterus) is not a contraceptive method unless it was performed to enable the woman to stop having children. If, for example, a woman answers YES to Q. 303 and then, in response to Q. 307, says she had a hysterectomy to remove a cancerous tumor or for some other medical reason, this will not be counted as a method of contraception, and the respondent will be considered the same as a person who is not using a method of contraception. Instead, select '2' NO in Q. 303.

Check to be sure that the response to Q. 307 is consistent with the responses to Q. 301. For example, the respondent may say that she is using the pill but reported in Q. 301 that she did not know the pill. If this happens, probe further and correct the responses in Q. 301 to Q. 307 as necessary.

Qs. 308-311A: INJECTABLE, PILL AND CONDOM BRANDS

If injectables, the pill, or condom is reported as the current method in Q. 307, we are interested in the brand of the most effective method being used. Knowing the brand of a method can help to assess the popularity of certain brands that may be offered in special 'social marketing' that the government is sponsoring. In addition, there are special types of the pill that are appropriate for use by breastfeeding mothers; the information on pill brand can be used to look at the coverage of these types of pills among users who are still breastfeeding.

For users of injectables, ask Qs. 308 and 309. In Q. 308, show images of Sayana Press and other injectables and regular syringes to the respondent so she can point to the type of injectable that was used the last time she received it. In Q. 309, we are interested in knowing about who administered the injection the last time the respondent received it.

For users of the pill, ask Q. 310 to determine if the user is able to identify the brand. If the respondent doesn't know the brand, ask to see the package. If the user doesn't remember the brand and the package is unavailable, ask the user to describe the packaging. It is important that you probe and write in the margin as many details as she is able to provide since it may be possible to determine the brand from her description.

For a woman who uses condoms with her partner, ask Q. 311 and Q.311A to determine if she knows the brand name of the condoms she and her partner use. As with Q. 310, if the user doesn't recall the condom brand, ask to see the package or, if unavailable, ask for a detailed description of the packaging.

Finally, in probing to obtain information on the brand of contraceptive, you may find out that the method is not being used currently. For example, a pill user may tell you that she has not obtained a packet of pills for several months. If it is determined while inquiring about the brand of injectables, pills, or condoms that the woman is not currently using the method, Q. 307 should be corrected.

Qs. 312 and 313: WHERE STERILIZATION WAS OBTAINED AND DATE OF STERILIZATION

Qs. 312 and 313 are only asked of respondents who indicate that they are using female or male sterilization as a method of contraception. Q. 312 applies to either the respondent's or her partner's sterilization. If they are both sterilized, then Qs. 312 and 313 only refer to her sterilization. Select the code that indicates the type of facility where the sterilization took place.

When choosing a code, you need to know whether the place is in the public sector (run by the government), in the private sector, or whether it is an NGO.

If you cannot determine whether the facility is public, private, or an NGO, select '96' and write the name of the place in the space provided.

In Q. 313 record the month and year that the sterilization was performed. If the respondent does not remember the date of her (her partner's) sterilization operation, probe to help her remember. Relating the date to the age and date of birth of her youngest child may help. You must get a date, even if it is just your best estimate.

Q. 314: DATE OF START OF CURRENT METHOD

Q. 314 is asked of users of family planning methods other than sterilization. Ask the respondent the month and year she started using the current method most recently without stopping.

Example: A woman started using the pill in June 2017. A few months later, she stopped taking the pill because she wanted to become pregnant. She gave birth to a child in January 2019 and started using the pill again in March 2019. When interviewed, she is still using the pill. In this case, record '03' for MONTH and '2019' for YEAR.

Q. 315: CHECK CONSISTENCY OF DATE CURRENT USE STARTED

This filter will check to see whether the date is AFTER the date of the woman's most recent pregnancy outcome. If not, ask the question again and make it clear to the respondent that we mean the date that she started using the current method WITHOUT STOPPING for any reason including a pregnancy. For example, a woman cannot have used the pill continuously for three years if she had a baby last year.

Q. 316: ENTER CURRENT USE ON CALENDAR

If the year in Q. 313 or Q. 314 is 2018-2023 select the box on the left and enter the code for the method currently used in the calendar in the month of interview and in each month back to the date she started using the method or was sterilized. If she has been using her current method for a long time, write the code in the current month and the beginning month, and the months in between (or join them with a squiggly line).

If the woman started using her current method in 2017 or earlier, mark the box on the right, and enter the code for the method currently used in the calendar in the month of interview and in each month back to January 2018. Then skip to Q. 329.

Q. 317: CONTRACEPTIVE HISTORY

Q. 317 asks both current and past users of contraception about their history of contraceptive use since January 2018. Begin by reading the introductory sentence, so that the respondent understands what information you are asking for.

The events that are already recorded in the calendar (birth dates, names, pregnancies, and pregnancy losses) are helpful reference points for yourself and the respondent. For each period of time in the calendar that is still empty (no 'B', 'P', or 'T' or contraceptive method code), you need to enter a code that reflects the respondent's contraceptive history.

To do this, you need to find out several pieces of information:

- 1) Was the respondent using a method of contraception in a period of time, and if so, what method was she using?
- 2) When did she start using that method?
- 3) For how long did she use that method continuously, and when did she stop using that method?
- 4) Why did she stop using the method?
- 5) What happened when she stopped using that method: did she not use any method, did she start using a different method, or did she become pregnant?

Example: The respondent has had two births, Mercy and John. Through the pregnancy history, you have learned that she gave birth to Mercy in January 2017 and became pregnant with John in June 2018, and both of these pieces of information have been recorded in the calendar. To fill in the respondent's contraceptive history in the period of time between the births of Mercy and the start of the pregnancy with John, the first question you could ask would be: **"Between the birth of Mercy in January 2017 and becoming pregnant with John in June 2018, did you or your partner use any method of contraception?"** The respondent tells you that she used male condoms.

You would then ask, **"How long after the birth of Mercy did you begin using male condoms?"** She tells you she began using in the third month after the birth of Mercy. This gives you the starting month in which she began using condoms.

You also need to know for how long she used condoms continuously and when she stopped using them. So you could ask, **"For how long did you use male condoms continuously?"** She tells you 10 months. Now you know when she started using condoms and when she stopped. You then need to ask her for the reason she stopped using male condoms. You could ask, **"Why did you stop using male condoms?"** The respondent tells you that she wanted to become pregnant.

This accounts for 12 out of the 16 months between Mercy's birth and the time when the respondent became pregnant with John. You now need to find out what the respondent was doing between the time she stopped using male condoms and became pregnant with John. Ask a question such as, **"After you stopped using male condoms, and before you became pregnant with John, did you or your partner use any contraceptive method?"** She tells you she did not use any method.

Now you know the respondent's complete contraceptive history between the births of Mercy and the start of the pregnancy with John:

- 1) Whether she used a contraceptive method between Mercy and John and which method she used

- 2) At what point she began using that method after the birth of Mercy
- 3) For how long she used that method continuously and when she stopped using that method
- 4) The reason she stopped using that method
- 5) Whether she used another method after she stopped using condoms and before becoming pregnant with John.

You would continue in a similar way until you filled in each month of the first column of the Calendar with a code. Enter the codes for the methods the respondent used in each month of use and '0' in the months where she did not use a method. After you have recorded periods of use and nonuse, every row in the first column of the calendar up to the month of interview should be completely filled. You will have accounted for every month from January 2018 to the month of interview by recording the appropriate codes for births, current pregnancies, lost pregnancies, use of contraception, or nonuse of contraception. The second column of the calendar will have codes entered next to the last month of use in column 1. If the respondent tells you she stopped using the method in September 2019, then a discontinuation code should be entered in column 2 for September 2019.

More information on completing the calendar is presented in Section N. Completing the calendar will also be addressed in the CAPI training.

Q. 318: USE OF EMERGENCY CONTRACEPTION IN LAST 12 MONTHS

This question asks whether the respondent used emergency contraception in the last 12 months. Make sure to read the whole question to her so she understands what we mean by emergency contraception.

Q. 319: FILTER FOR USE OF ANY METHOD IN THE CALENDAR

Q. 320: PROBE FOR EVER USE

The purpose of this question is to be certain that neither the respondent nor her husband (or partner) has ever used anything to delay or avoid getting pregnant, since contraception is one of the most important features of the survey.

Q. 321: FILTER FOR CURRENT METHOD

Q. 322: SOURCE OF CURRENT METHOD

The question asks from what source the woman obtained her method at the time she started the current segment of use. For methods that require the user to obtain resupplies, the user may first obtain the method from one source and then rely on a different provider for resupply. For example, a woman using the pill may have first obtained the pill from a family planning clinic but then gone to a pharmacy for resupply. You can guide the user to tell you about the first source by referring to the date she told you that she began the current segment of use.

If the respondent is using condoms with her husband, ask, "Where did you obtain the condoms when you began using them this time?" If she says her husband or someone else got the method for her, ask whether she knows where that person got it, and record the source. If the method required a prescription, this question pertains to where the prescription was filled.

When choosing a code, you need to know the type of place the method was obtained from, i.e., if the place is in the public sector (run by the government), in the private sector, or whether it is an NGO. Record PRIVATE DOCTOR only if the doctor has his/her own practice that is not located within a larger facility.

If the respondent does not know whether the place is public, private, or NGO, select code '96' and record the name of the place.

Qs. 323-325: TOLD ABOUT SIDE EFFECTS

Qs. 323-325 ask what information a current user has received about the side effects or problems associated with her current method. Q. 323 asks whether the user was told about potential side effects or problems at the time she obtained her current method. Q. 324 asks the same question, but of women who have been sterilized. If there has been more than one episode of use of the method, make sure that the respondent knows that you are asking about the time that she started using the method during the **current** episode of use.

Record '1' YES for Q. 325 if a current user who was informed about the side effects or problems she might experience in using her current method was advised about what to do if she experienced any side effects or problems in using the method.

Q. 326: TOLD ABOUT OTHER METHODS

In this question, a current user is asked whether she was told about other methods of family planning at the time she obtained her current method.

Example: If a pill user says that a health worker told her about the injection, the pill, and the IUD at the time when she started to use her current method, record '1' YES in Q. 326.

Q. 327: FILTER FOR CURRENT METHOD

Q. 328: TOLD ABOUT SWITCHING METHODS

Q. 328 asks the respondent whether she was told that she could switch to another method if she wanted to or needed to at the time she obtained her current method of contraception. This question is different from Q. 326, which asks simply whether she was told about other methods and does not concern the possibility of her switching methods.

Q. 329: FILTER FOR CURRENT METHOD

Q. 330: LAST SOURCE OF CURRENT METHOD

Q. 330 asks about where the respondent obtained the method the last time. For methods like the pill for which the respondent regularly needs resupply, the source recorded in Q. 330 may be different from the source where the woman (or her husband or partner) obtained the method the first time.

Q. 331: KNOWS SOURCE FOR FAMILY PLANNING METHOD

Q. 331 is asked of women who are not currently using contraception in order to find out if they know of a place where they can obtain a family planning method.

Q. 332 and Q. 333: VISITED BY FIELDWORKER

Q. 332 is asked to ascertain whether any fieldworker visited the respondent in the last 12 months. In Q. 333, ask if the fieldworker talked to the respondent about family planning. It does not matter whether the fieldworker was a family planning worker, a health worker, or some other type of fieldworker, as long as family planning was discussed during the visit. The fieldworker may have visited for a purpose that was not primarily family planning, for example, the fieldworker may have visited to check on the health of a child; if the fieldworker discussed family planning with the respondent, record '1' YES.

Q. 334: VISITED HEALTH FACILITY IN LAST YEAR

This question refers specifically to the respondent and whether she went to a health facility for care for herself or her children in the last 12 months. The visit did not have to be specifically for family planning.

Q. 335: FAMILY PLANNING INFORMATION AT THE HEALTH FACILITY

The respondent need not have gone to the health facility for the purpose of discussing family planning for the answer to be YES. Staff persons may take the opportunity to discuss family planning even if a client comes to the facility for another purpose. If any staff member at the health facility talked to her about family planning during any of her visits, record '1' YES.

E. Section 4: Pregnancy and Postnatal Care

The objective of this section is to obtain information about health care related to childbearing including antenatal care, delivery care, and postnatal care for the woman and her newborn. The section includes questions only about pregnancies and births that occurred in the 35 months before the survey. Thus, if a woman did not have a pregnancy in this period, you will go on to the next section.

The filters and skip patterns in this section are complicated and would be very difficult to execute correctly using a paper questionnaire. Fortunately, you will be using the CAPI program and thus you should not run into any problems. The CAPI program will use the information you've entered into the questionnaire up until this point to ensure you follow the correct skip patterns.

Q. 401: FILTER FOR PREGNANCY OUTCOMES IN 0-35 MONTHS BEFORE SURVEY

Q. 402: LIST PREGNANCY OUTCOMES IN 0-35 MONTHS BEFORE SURVEY

All pregnancy outcomes in 0-35 months before the survey will be entered in the table in Q. 402, starting with the last (most recent). This task will be performed by the CAPI program which will check Q. 220 and Q. 215 to identify, respectively, the last pregnancy outcome occurring in 0-35 months before the survey and the corresponding pregnancy history number for that pregnancy outcome. Based on the information in Q. 223, the CAPI program will classify the pregnancy outcome type using the following codes:

- 1 Most recent live birth
- 2 Prior live birth
- 3 Most recent stillbirth
- 4 Prior stillbirth
- 5 Abortion or miscarriage

Example: A woman has been pregnant a total of four times in her life. Two of her four pregnancies occurred in the 0-35 months before the survey. The most recent pregnancy (pregnancy history number 4) resulted in a live birth named Judy. The second-to-last pregnancy (pregnancy history number 3) also resulted in a live birth named Jeffrey.

In Q. 402, the CAPI program will list the most recent pregnancy first. Judy's pregnancy history number is '04,' and the pregnancy outcome will be classified as '1' MOST RECENT LIVE BIRTH. Jeffrey is the second most recent pregnancy so he will be listed next. Jeffrey's pregnancy history number is '03', and the pregnancy outcome will be classified as '2' PRIOR LIVE BIRTH.

Example: A woman has been pregnant a total of six times in her life. Three of her six pregnancies occurred in the 0-35 months before the survey. The most recent pregnancy (pregnancy history number 6) resulted in a stillbirth. The next-to-last pregnancy (pregnancy history number 5) resulted in a miscarriage. The third-to-last pregnancy (pregnancy history number 4) resulted in a live birth named Annie.

In Q. 402, the CAPI program will list the most recent pregnancy first. The stillbirth's pregnancy history number is '06,' and the pregnancy outcome will be classified as '3' MOST RECENT STILLBIRTH. The miscarriage is listed next. The miscarriage's pregnancy history number is '05,' and the pregnancy outcome will be classified as '5' ABORTION OR MISCARRIAGE. Finally, the live birth of Annie is listed. Annie's pregnancy history number is '04,' and the pregnancy outcome will be classified as '1' MOST RECENT LIVE BIRTH.

Q. 403: INTRODUCTORY STATEMENT

Read Q. 403 to the respondent to inform her of your intention of asking questions about pregnancies she had in the last three years. If she had more than one pregnancy outcome in the last three years, be sure to read the sentence in parentheses informing her that you will ask about each pregnancy outcome separately, beginning with the last one.

Qs. 404-407: PREGNANCY OUTCOMES IN THE LAST THREE YEARS

This series of filters is used by the CAPI program to choose the appropriate wording for subsequent questions in this section. For example, if subsequent questions are asked about a live birth, you will want to refer to the name of child. If, however, you are asking about a stillbirth or a miscarriage/abortion, then you will ask questions about pregnancies that ended on a specific date. It is not critical for you to learn how to complete these filters since they will be executed by the CAPI program.

Not all of the remaining questions in this section are relevant for all pregnancy outcomes. Figure 3 provides an overview of which topics or indicators are relevant for which pregnancy outcome.

FIGURE 3. MATERNAL AND NEWBORN HEALTH TOPICS BY PREGNANCY OUTCOME

Topic/indicator	Pregnancy outcomes included in indicator
Wantedness/timing of the pregnancy	All pregnancies (codes 1-5)
ANC visits: number, timing of first visit, source, provider	Most recent live birth (code 1), most recent stillbirth (code 3)
Content of antenatal care (ANC)	Most recent live birth (code 1), most recent stillbirth (code 3)
Tetanus vaccination in ANC	Most recent live birth (code 1)
Iron supplementation in ANC	Most recent live birth (code 1), most recent stillbirth (code 3)
Deworming in ANC	Most recent live birth (code 1), most recent stillbirth (code 3)
IPTp for malaria	Most recent live birth (code 1), most recent stillbirth (code 3)
Birth attendant, place of birth	All live births and stillbirths 0-35 months before the survey (codes 1-4)
Cesarean section (C-section)*	All live births and stillbirths 0-35 months before the survey (codes 1-4)
Skin-to-skin contact after birth	Most recent live birth 0-35 months before the survey (code 1)
Size at birth/weighed at birth/birthweight	All live births 0-35 months before the survey (codes 1, 2)
Birth facility staff treated woman with respect*	Most recent live birth (code 1), most recent stillbirth (code 3)
Duration of stay in health facility*	Most recent live birth (code 1), most recent stillbirth (code 3)
All postnatal care (PNC) contact questions for the mother	Most recent live birth (code 1), most recent stillbirth (code 3)
All PNC contact questions for the newborn	Most recent live birth (code 1)
PNC content, newborn	Most recent live birth (code 1)
PNC content, mother	Most recent live birth (code 1), most recent stillbirth (code 3)

Duration of amenorrhea/abstinence	Most recent pregnancy (codes 1, 3, 5)
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* Facility births only

Qs. 408 and 409: DESIRED TIMING OF PREGNANCY

These questions are asked to ascertain whether the respondent's most recent pregnancy was wanted or unwanted and, if wanted, whether she got pregnant with that particular pregnancy sooner than preferred.

.Q. 410: HOW LONG TO WAIT

Note that this question asks respondents who say that they wanted to wait longer to have a/another baby in Q. 409, how long they wanted to wait before becoming pregnant, not before giving birth. Record the answer in either months or years, and select the corresponding code. If the respondent gives a general answer such as "I would have liked to have waited until I was ready," ask her how many months or years she wanted to wait. Record the extra time that she said she would have preferred to wait before becoming pregnant.

Example: A woman became pregnant 18 months after her previous birth but she tells you she would have preferred a two-year (24-month) interval before becoming pregnant again. You would select 1 for MONTHS and record '06' in the adjacent boxes (24-18 = 6).

Q. 411: FILTER FOR PREGNANCY OUTCOME TYPE

Q. 412: RESPONDENT SOUGHT ANTENATAL CARE

This question refers to any antenatal care given by a healthcare provider during the most recent pregnancy that resulted in either a live birth or a stillbirth. The care should have been specifically to check her pregnancy and not for other reasons.

Q. 413: FILTER FOR PREGNANCY OUTCOME TYPE

Q. 414: ANTENATAL CARE PROVIDER(S)

If the respondent received antenatal care for her pregnancy in Q. 412, then ask her whom she saw. Since we are interested in all of the persons the woman saw, you must use the prompt ("Anyone else?") to make sure the woman informs you about all the persons from whom she received care for the pregnancy.

Q. 415: PLACE(S) WHERE ANTENATAL CARE RECEIVED

This question seeks information on where the woman received care for her pregnancy. Antenatal care is usually given at a healthcare facility but is sometimes provided in the pregnant woman's home.

Similar to Q. 414, we are interested in all of the places where the woman received antenatal care. Be sure to use the prompt ("Anywhere else?") and record all the places where she was seen for care.

As is the case with earlier questions about family planning sources, when choosing a code in Q. 415, you need to know whether the place is in the public sector (run by the government), in the private sector (e.g., a hospital or clinic run by a private entity or a private doctor's office), or in the NGO medical sector. If you cannot determine the type(s) of source(s), select code 'X' and write the name(s) in the space provided.

Q. 416: WEEKS OR MONTHS PREGNANT AT FIRST ANTENATAL VISIT

Ask the respondent how many weeks or months into her pregnancy she was when she received her first antenatal care. If she does not remember, ask her how many periods she had missed at the time. Assume each missed period corresponds to a month and enter the number in the space provided. For example, if the respondent doesn't recall how many months pregnant she was when she first received antenatal care, but knows that she had missed three periods, record '03' in MONTHS.

Q. 417, 417A-C: FREQUENCY OF ANTENATAL VISITS

Then ask her how many times in total she saw someone for antenatal care during her pregnancy. This refers to care related to her pregnancy and should not include seeing a doctor or nurse for other reasons.

For 417A, the respondent will answer whether she missed any antenatal care visits during the pregnancy.

If she responds 'yes' to missed visits, she will be asked for the number of visits missed in Q417B, as well as for the primary reason for which the visit was missed in Q417C.

Q. 418: TESTS AND COUNSELING PERFORMED DURING ANTENATAL VISITS

We want to know whether each of the items listed was ever done during any of the antenatal care visits she had for the last pregnancy. It does not matter if they were done only once or more than once, or done in the same visit or spread over several visits. Ask about each item and record the response before asking about the next item.

Blood pressure is measured with a blood pressure gauge or monitor. A cuff is wrapped around the woman's upper arm and inflated. As the air filling the cuff is slowly released, the healthcare provider uses a stethoscope to listen to the blood pulsing through the blood vessels while simultaneously examining the gauge to determine the blood pressure. Alternatively, the healthcare provider may use an automated blood pressure monitor. An automated blood pressure monitor does not require a stethoscope; instead, the blood pressure readout appears in the monitor's display.

A urine sample is taken to test for an infection in the urinary tract (that if left untreated during pregnancy is associated with a preterm birth), the presence of protein (a sign of pre-eclampsia), or elevated glucose (a sign of diabetes).

A blood sample may be taken from the woman's fingertip or from a vein (usually from a vein in the wrist or in the forearm near the fold of the elbow). The blood sample is used to test for various conditions or diseases, such as anemia, diabetes, syphilis, HIV or malaria.

The baby's heartbeat is listened to by placing a stethoscope on a pregnant woman's abdomen.

Formal counseling about healthy eating during pregnancy supports women to stay healthy and to prevent excessive weight gain during pregnancy.

Formal counseling on breastfeeding during antenatal care increases the likelihood of breastfeeding. Children who are not breastfeeding are at a higher risk of illnesses such as diarrhea and even death.

Vaginal bleeding during pregnancy can happen any time from conception onwards. Light bleeding or spotting is common, especially during the first few months of a pregnancy. Heavy bleeding may be a sign of something more serious; a pregnant woman experiencing heavy bleeding should visit a healthcare provider.

Weight should be taken during pregnancy because increased weight gain or low weight can have serious implication for both the mother and baby. Overweight can be an indication of gestational diabetes while low birth weight means the baby is not getting enough nutrients or there could be congenital abnormality.

Women should be talked to about health, diet, and physical activity during pregnancy because this is needed for wellbeing for both the mother and the baby, Exercise during pregnancy can benefit the baby and may even prevent or treat gestational diabetes. Post-baby workouts will also help reduce weight more quickly after delivery. Pregnant women should eat a well-balanced diet.

Q. 419: FILTER FOR PREGNANCY OUTCOME TYPE

Qs. 420-425: TETANUS TOXOID INJECTIONS

Neonatal tetanus is a disease that kills many babies. Another name for tetanus is lockjaw . A child is considered to be adequately protected against neonatal tetanus if the mother has had two tetanus toxoid (TT) injections (vaccinations) during the pregnancy for her most recent live birth, or two or more injections (the last within 3 years of the most recent live birth), or three or more injections (the last within 5 years of the most recent live birth), or four or more injections (the last within 10 years of the most recent live birth), or five or more injections at any time prior to the most recent live birth.

Qs. 420 and 421 ask about whether the respondent received any tetanus injections during that pregnancy and, if so, how many times she was given the tetanus injection. The tetanus vaccine is usually given to the pregnant woman as an injection in the arm or the shoulder.

A respondent who does not report receiving at least two injections with tetanus vaccine during the pregnancy must be asked several additional questions to assess whether she was adequately immunized at the time of her pregnancy. Qs. 423 and 424 inquire about whether she received any tetanus injections prior to the pregnancy (e.g., during an earlier pregnancy or during childhood) and, if so, the total number of tetanus injections she was given before the pregnancy (Q. 424). She will also be asked how many years ago the most recent tetanus injection was received (Q. 425). For a woman who received a single tetanus injection during the pregnancy of her last birth, we are asking about the most recent tetanus injection that she received prior to the pregnancy of her last birth.

Example: Ana was interviewed in December 2020. She has two children, Marie and Jose. Jose is her last birth. She says that she had one tetanus injection when she was pregnant with Jose and two injections when she was pregnant with Marie who was born in September 2017. She also is sure that she had all of the required childhood immunizations before entering school although she is not sure how many tetanus injections she had.

For this respondent, you should record YES in Q. 420, record '1' in Q. 421, and check 'ONE TIME OR DK' in Q. 422. You should record YES in Q. 423 since she had tetanus injections prior to the pregnancy.

Since the respondent is sure she had all required immunizations before entering school, you may assume that she had three immunizations during early childhood. Including the two injections when she was pregnant with Marie, this means she had a total of five tetanus injections before she became pregnant with Jose. Thus, you should record '5' in Q. 424. Prior to her pregnancy with Jose, her most recent tetanus injection was in 2017, the year of Marie's birth. Thus, in Q. 425, record '03' since the tetanus injection was given three years ago.

Qs. 426-428: IRON TABLETS/SYRUP/COMBINED FOLIC ACID

Anemia is a common problem during pregnancy that can be overcome by additional intake of iron. Q. 426 asks whether the woman was given or bought any iron tablets or syrup during her pregnancy. Since some women may not know that they were given iron tablets, as a visual aid show the woman the common tablets/syrup/combined folic acid using your display booklet as you ask this question. Note that in this question we are not asking whether or not she consumed the tablets/syrup/combined folic acid she was given or bought; rather, we want to know whether she had the tablets/syrup/combined folic acid in her possession during the pregnancy. We also are asking if she was given or bought the tablets, not if she already had them at home, so record NO if she already had them at home and skip to Q. 429.

If the respondent was given or bought iron tablets/syrup/combined folic acid (YES in Q. 426), ask her where she got the tablet/syrup/combined folic acid from in Q. 427. Then, in Q. 428, ask her for how many days during her pregnancy she took the tablets/syrup/combined folic acid throughout the whole pregnancy. Record the response in the boxes. Remember to put a leading zero in front, if needed; 30 days would be '030'. If she was given or bought iron tablets or syrup, but never took any, record '000'.

If she does not remember, probe for the approximate number of days, e.g., by asking how many months pregnant she was when she began taking the tablets and whether she took the tablets every day after that.

Q. 429: MEDICINE FOR INTESTINAL WORMS

Treatment of intestinal parasitic infections has an impact on the anemia status of women during pregnancy.

Q. 430: FOOD OR CASH ASSISTANCE DURING PREGNANCY

This question asks about cash or food assistance provided through Social Cash Transfer, Support Women Livelihood, or Food Security Pack.

Q. 431: PREVENTIVE TREATMENT FOR MALARIA DURING PREGNANCY

In certain areas, malaria is endemic and accounts for a significant proportion of illness/disease and mortality. In such areas, pregnant women are recommended to take SP/Fansidar at least three times during their pregnancy to prevent malaria. To see if the respondent followed this precaution, we ask in Q. 431 if she took SP/Fansidar to prevent her from getting malaria during her pregnancy.

If the respondent says that she had malaria or a fever during the pregnancy and was given medicines to treat the malaria or fever, it would not be considered preventive treatment. Medicines to prevent malaria are only medicines that she takes during pregnancy when she does not have malaria already. Record YES only for women who took SP/Fansidar when they did not already have malaria.

If she says she took medicine but cannot remember the name, ask her to show you the package that the medicine came in. If she doesn't have the package but mentions that she was given three tablets to take all at the same time to prevent malaria, select '1' on the assumption that she took SP/Fansidar.

Q. 432: NUMBER OF TIMES SP/FANSIDAR WAS TAKEN

Here we are asking about preventive doses of SP/Fansidar, not curative doses given if the respondent had a fever. Thus, you should count only the doses taken when the woman was taking SP/Fansidar during her pregnancy to prevent malaria. If the woman was given SP/Fansidar because she was sick with fever during the pregnancy, do not count the doses she received to treat her fever.

Remember that we are interested in the number of times the woman took SP/Fansidar and not the number of tablets she took. Thus, if she says she took three tablets at one time, record '01' for the dose in Q. 432.

Q. 433: SOURCE OF SP/FANSIDAR

The purpose of this question is to find out whether the respondent received SP/Fansidar as an integrated component of her antenatal care or separate from her antenatal care. For example, she could have gotten the SP/Fansidar during a non-ANC facility visit, or she could have bought it on her own from another source such as a shop or a pharmacy. Only one response code can be selected in this question. If the respondent got SP/Fansidar from two or more of the sources, select the source that appears highest on the list.

Q. 434: ASSISTANCE AT DELIVERY

When asking the question, the wording will depend on whether or not the pregnancy you are asking about ended in a live birth or a stillbirth. If the respondent is not sure of the status of the person who assisted with the delivery, for example, if she does not know whether the person was a certified midwife or a traditional birth attendant, probe. The codes are letters of the alphabet to remind you to record codes for all the people she says assisted with the delivery.

Q. 435: PLACE OF BIRTH

The intent of this question is to identify births delivered in a health facility. As with Q. 434, the wording differs depending on whether or not the pregnancy you are asking about ended in a live birth or a stillbirth. If the woman gave birth in a health facility, ask about the type of health facility and whether the place is in the public sector (run by the government), private sector, or NGO-run, and select the appropriate code.

Q. 436: CAESAREAN SECTION

A caesarean section (C-section) is a delivery of a baby through an incision in the woman's abdomen and womb, rather than through the birth canal. Such a delivery is necessary for some women due to pregnancy complications. Caesarean sections are also sometimes elective, either for the convenience of the mother or the healthcare workers performing the surgery. Also, because there can be complications associated with having a vaginal birth following a caesarean section, women who have delivered one child via a caesarean section are more likely to deliver subsequent children by caesarean section.

In Q. 436, find out whether the baby or stillbirth was delivered by an operation and not through the birth canal.

Q. 437: FILTER FOR PREGNANCY OUTCOME TYPE

Qs. 438-440: SKIN-TO-SKIN CONTACT

By skin-to-skin contact between a mother and her newborn, we mean the bare skin of the baby touches the bare skin of the mother, with no cloth or blanket between the baby and the mother. Skin-to-skin contact is important for stabilizing the baby, it can help prevent hypothermia, and it can promote neurological development and breastfeeding. The benefits of skin-to-skin contact can occur even before the umbilical cord is cut. Q. 438 asks whether the baby was put on the respondent's chest after birth. Then Q. 439 asks if the baby's bare skin was touching the respondent's bare skin (no cloth or blanket between them). In Q. 440, ask the woman how much time there was between the birth of the child and the placement of the child on the bare skin of her chest.

Q. 441: SIZE OF BABY

Read the entire question before accepting an answer. This is the woman's own opinion about the size of her baby. Some respondents may give you the baby's birth weight instead of a size. Insist that you want to know whether she thinks the baby was VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, or VERY SMALL. If the respondent herself is unable to tell you the baby's size at birth, do not record an answer based on the birth weight information; simply select '8' for DON'T KNOW.

Q.441A: BABY PLACED IN INCUBATOR OR PROLONGED SKIN-TO-SKIN CARE

If the respondent says the baby was smaller than average or very small in Q441, Q441A is asked. In Q441A, we want to find out if the baby who was smaller than average or very small was placed in an incubator or put on prolonged skin-to-skin care (Kangaroo mother care). WHO launched new guidelines in 2022 to improve survival and health outcomes for babies born early (before 37 weeks of pregnancy) or small (under 2.5 kg at birth). The guidelines advise that skin to skin contact with a caregiver – known as kangaroo mother care – should start immediately after birth, without any initial period in an incubator. This marks a significant change from earlier guidance and common clinical practice, reflecting the immense health benefits of ensuring caregivers and their preterm babies can stay close, without being separated, after birth.

Qs. 442 and 443: WEIGHT AT BIRTH

These questions seek information on whether the baby was weighed at birth and, if so, the baby's weight. Notice that in Q. 443 there are two sets of boxes for recording the birth weight; the first is KILOGRAMS FROM CARD, and the second is KILOGRAMS FROM RECALL. KILOGRAMS FROM CARD refers to a written record of the birth weight on a document, such as a vaccination card, antenatal card, or birth certificate. KILOGRAMS FROM RECALL refers to the mother's verbal report of her child's birth weight, which she is reporting from memory.

When recording the birth weight, first select the appropriate code in front of the boxes; '1' for KILOGRAMS FROM CARD and '2' for KILOGRAMS FROM RECALL, and then fill in the birth weight. Always record the birth weight from the card when possible. When recording information from the card, check the date on the card or ask the mother to be sure that the weight recorded on the card was the child's weight at birth.

You will fill in the boxes for KILOGRAMS FROM RECALL only if there is no card or no birth weight was recorded on the card. If there is no weight available from a card and the respondent says she cannot remember the exact birth weight, ask her to give you her best estimate. Only record DON'T KNOW if she absolutely cannot remember even an approximate weight.

Sometimes, a baby's weight is recorded/reported in grams instead of kilograms. If that is the case, the weight in grams must be divided by 1,000 before being entered.

Q. 444: FILTER FOR PREGNANCY OUTCOME TYPE

Q. 445: FILTER FOR PLACE OF DELIVERY

Qs. 447-450: POSTPARTUM CHECK FOR MOTHERS WHILE AT THE HEALTH FACILITY

Getting a postpartum check soon after delivery is crucial for the health of the mother. We are interested in knowing whether the respondent saw anyone for a postpartum check while at the health facility, and, if so, how many hours, days, or weeks after delivery the first check took place, and who performed the

check. In this set of questions, we are asking only about a health check for the mother. If someone checked on the health of the baby, but not the mother, that check would not be included here. Postnatal checks for the baby while at the health facility are covered in Qs. 452-454.

Q. 447 asks how long after the delivery did the respondent stay in the health facility. The wording of the question will differ depending on whether the respondent had a live birth or a stillbirth. In completing Q. 447, remember that you must first select a code for the unit of time the respondent mentions (i.e., HOURS, DAYS, or WEEKS) and fill in a number in the boxes to the right of the code you select.

Q. 448 is directed to women who delivered in a health facility and inquires whether anyone checked on the woman's health before she was discharged. A health check could be a "hands-on" examination or just someone asking her about her health.

Qs. 449 and 450 refer to the first check after birth. If the woman is uncertain about the exact time, probe to get the best estimate as to how long after delivery the first check took place. If the woman reports that more than one person conducted the first postpartum check in Q. 450, select the code for the person that appears highest in the list.

Q. 451: FILTER FOR PREGNANCY OUTCOME TYPE

Qs. 452-454: POSTNATAL CHECK OF BABIES WHILE AT THE HEALTH FACILITY

Q. 452 asks about whether the baby received a check from anyone while still at the health facility. Checks for the newborn include actions such as checking the cord, measuring the baby's temperature, weighing the baby, observing breastfeeding, and counseling about danger signs. For those babies who had a check while at the health facility, additional questions are asked about the timing of the first check (Q. 453) and the person who did the first check (Q. 454). A postnatal check should be a separate interaction that occurs to check on the baby's health after completion of the delivery. Checks done on the baby right after birth are considered part of delivery care and should not be counted as a postnatal check.

Q.454A: DID BABY HAVE ANY PHYSICAL ABNORMALITY AT BIRTH

A birth defect is a health problem or a physical abnormality. It can be very mild or severe. Some birth defects are life-threatening, in which case a baby may only live for a few months. Birth defects are also referred to as "congenital anomalies" or "congenital abnormalities."

Qs. 455-458: POST-DISCHARGE CHECK FOR MOTHERS WHO GAVE BIRTH AT A FACILITY

In Qs. 455-458, women who gave birth in a health facility are asked about checks on their health that took place after they were discharged. For those women who had a post-discharge check, additional questions are asked about when the check took place (Q. 456), the person who did the check (Q. 457), and where the check took place (Q. 458).

Regarding the place where the check took place (Q. 458), note that such care can be given at a healthcare facility or provided in the woman's home or another home.

Q. 459: FILTER FOR PREGNANCY OUTCOME TYPE

Qs. 460-463: POST-DISCHARGE CHECK FOR BABIES BORN AT A HEALTH FACILITY

Q. 460 asks about whether the baby received a check from a health provider or traditional birth attendant in the two months after the baby was born. The term health provider includes health professionals such as doctors, nurses, certified midwives, as well as community health assistants.

For those newborns who received a post-discharge check, Qs. 461-463 ask about the timing of the check, the person who did the check, and where the check took place.

Qs. 464-467: POSTPARTUM CHECK FOR MOTHERS WHO GAVE BIRTH OUTSIDE OF A HEALTH FACILITY

Qs. 464-467 are directed to women who delivered outside a health facility. Q. 464 asks if the woman was seen by anyone for a check of her health relating to the delivery. Record NO if the woman saw a provider but the care was unrelated to the delivery. Note that the wording of Q. 464 will differ depending on whether the respondent had a live birth or a stillbirth.

For those women who received a check, Qs. 465-467 ask about the timing of the check, the person who did the check, and where the check took place.

Q. 468: FILTER FOR PREGNANCY OUTCOME TYPE

Qs. 469-472: POSTNATAL CHECK FOR BABIES WHO WERE DELIVERED OUTSIDE OF A HEALTH FACILITY

Q. 469-472 are directed to women who delivered outside a health facility. Q. 469 asks about whether the baby received a check from a healthcare provider or traditional birth attendant. The term healthcare provider includes health workers such as doctors, nurses, or midwives, as well as community health workers.

For those women who indicate that their baby received a check, Qs. 470-472 ask about the timing of the check, the person who did the check, and where the check took place.

Q.472A: BABY BORN WITH ANY PHYSICAL ABNORMALITY

A birth defect is a health problem or a physical abnormality. It can be very mild or severe. Some birth defects are life-threatening, in which case a baby may only live for a few months. Birth defects are also referred to as "congenital anomalies" or "congenital abnormalities."

Qs. 473 and 474: SPECIFIC CHECKS AND COUNSELING DURING THE FIRST TWO DAYS AFTER DELIVERY

Ask the respondent about each item on the list. Be certain to emphasize whether each of the actions happened within the first two days after the baby's birth.

Qs. 473d and 473e concern breastfeeding and warrant explanation:

Q. 473d asks whether the respondent received formal counseling on breastfeeding. Counseling on breastfeeding during postnatal care increases the likelihood of breastfeeding. Children who are not breastfeeding are at a higher risk of illnesses such as diarrhea and even death.

Q. 473e asks whether a healthcare provider observed the respondent breastfeeding to see if she is breastfeeding correctly. Observation of breastfeeding by a health provider, which is essential to check positioning and latch of the infant, is proven to be an important part of lactation counseling and support.

Q. 473f asks whether any ointment oil was applied in the eyes within the first 48 hours.

Q.473g asks whether the baby was bathed after 24 hours but before 48 hours. If the baby was bathed before 24 hours or was not bathed at all in the first 2 days, select "no"

Q. 475: FILTER FOR LAST PREGNANCY OUTCOME

Q. 476: MENSTRUAL PERIOD AFTER BIRTH

After a woman has given birth, there is a length of time when she will not have her monthly menstrual periods. Q. 476 asks about whether a woman's period has resumed following the last birth. The wording of the question will differ depending on whether the respondent had a live birth or a stillbirth, abortion, or miscarriage.

Q. 477: FILTER FOR CURRENT PREGNANCY STATUS

Q. 478: POSTPARTUM ABSTINENCE

Couples may decide to wait a certain length of time after the birth of a child or the end of a pregnancy before resuming sexual relations (postpartum abstinence). Q. 478 is asked to determine whether the woman is still abstaining from sex since the end of her last pregnancy. The wording of the question will differ depending on whether the respondent had a live birth or a stillbirth, abortion, or miscarriage.

Q. 479: FILTER FOR PREGNANCY OUTCOME TYPE

Q. 480: CHILD EVER BREASTFED

Breastfeeding is important for fertility and for a child's health and nutrition. For this question, it does not matter how long the respondent breastfed the child, only whether or not she ever gave the child the breast, even if the baby died very young.

Q. 481: FILTER FOR LIVING CHILD

Q. 482: WHEN BREASTFEEDING BEGAN

Children who are not put to the breast within the first hour after birth face a higher risk of common infections and death. If the mother reports that the baby was put to the breast immediately after birth, select '000.' Otherwise, record the time in completed hours or days.

Example: The woman said she began breastfeeding within an hour of the birth. Select '1' and record '00' hours.

Example: The woman said she began breastfeeding 30 hours after the birth. Select '2' (DAYS) and record '01.'

Q. 483: EXCLUSIVE FEEDING OF BREAST MILK IN THE FIRST 2 DAYS

This question is asked to find out whether the baby was given anything to drink or eat other than breast milk in the first two days after delivery. Examples of common fluids and foods include water, infant formula, traditional drinks like ama sip sip or maheu.

Infants should not be given any food or fluids other than breast milk, unless medically indicated. Note that breast milk includes milk the mother has expressed as well as milk from a wet nurse or donor human milk.

Prescribed medicines, oral rehydration solution, vitamins and minerals are not counted as fluids or foods. However, herbal fluids and similar traditional medicines are considered fluids or foods and count under this question as not being exclusively fed breastmilk.

Q. 484: FILTER FOR LIVING CHILD

Q. 485: STILL BREASTFEEDING

This question is asked to capture if the child is still being fed breast milk; it does not matter whether the respondent is giving the child other liquids or foods as well. A child is considered as being fed breast milk if they are breastfed by the mother or by a wet nurse or if they are fed expressed breast milk from the mother or are fed donor human milk.

Q. 486: BOTTLE WITH NIPPLE

The use of bottles with nipples can be unsanitary and can interfere with optimal suckling behavior. You should record 'YES' if the child was given anything in a bottle during the day or night before the interview.

Q. 487: FILTER FOR NEXT PREGNANCY OUTCOME

At this point, the CAPI program will check Q. 402 to see whether the woman had any more pregnancy outcomes in the last 35 months. If yes, you will ask the questions in Section 4 for the next-to-last pregnancy outcome starting from Q. 404. If you have finished these questions for all pregnancy outcomes in the last 35 months, proceed to Q. 501.

F. Section 5: Child Immunization

There is an important difference between Sections 4 and 5. Section 4 obtains information for living children, dead children, stillbirths, miscarriages, and abortions while Section 5 obtains information **only for living children**.

Q. 501: FILTER FOR CHILDREN ELIGIBLE FOR SECTION 5

Q. 502: INTRODUCTORY STATEMENT

This statement lets the respondent know that you are moving onto a new topic: vaccinations received by her children born in the last three years (0-35 months). If the respondent has more than one child in this age range, you will start by asking questions about the youngest child and then repeat the section on the next living child.

Q. 503: CHILD'S NAME AND PREGNANCY HISTORY NUMBER

Q. 504: VACCINATION (HEALTH) CARD OR OTHER DOCUMENT

You should have obtained documentation (birth certificates and vaccination (health) cards or booklets) for eligible children at the beginning of the interview. If you have not already collected the vaccination (health) card(s), ask the respondent to look for the card(s).

Note, in some cases, respondents may not have vaccination (health) cards for their child but may have a notebook or other document in which this information is recorded. Alternatively, they may have a notebook in addition to a vaccination (health) card. Be sure to ask the respondent to look for these other documents too.

The respondent may hesitate to take time to look for the card(s) or other documentation thinking that you are in a hurry. Since it is critical to obtain written documentation of the vaccination history for all eligible children, be patient if the respondent needs to search for the card(s) or other documentation.

If the respondent has a vaccination card for the child and no other document where vaccinations are recorded, record YES, HAS ONLY A CARD and skip to 507. If the respondent has a document where vaccinations are recorded but not a card, record YES, HAS ONLY ANOTHER DOCUMENT. If the respondent has both a card and another document, record YES, HAS A CARD AND OTHER DOCUMENT and skip to 507. If the respondent has neither a card nor any other documents indicating the vaccinations the child has received, record NO, NO CARD AND NO OTHER DOCUMENT.

Q. 505: EVER HAD AN UNDER 5 VACCINATION (HEALTH) CARD

If, in Q. 504 the woman tells you she does not have a vaccination (health) card or any other document for her child, ask her in this question whether she ever had a vaccination card for that child. It is possible that at one time she did have a card, but no longer has it.

Q. 506: FILTER FOR VACCINATION (HEALTH) CARD

Q. 507: VACCINATION (HEALTH) CARD OR OTHER DOCUMENT SEEN

Q. 507 is directed at respondents who have said their child has a vaccination (health) card or another document on which the child's vaccinations are written. Ask to see the vaccination (health) card and/or other document.

If the respondent shows you a card and no other documentation, record YES, ONLY CARD SEEN. If she does not show you a card, but does show you another document, record YES, ONLY OTHER DOCUMENT SEEN. If she shows you both a card and another document, record YES, CARD AND OTHER DOCUMENT SEEN.

If the respondent says she is unable to show her child's card or other document to you because someone else has it or it is not accessible to her during the interview, record NO CARD AND NO OTHER DOCUMENT SEEN and skip to 513.

Q. 508: RECORD CHILD'S DATE OF BIRTH FROM DOCUMENT SEEN

Copy the child's date of birth (day, month, and year) **as it is written in the document** you obtained in Q. 507. Do not copy the child's date of birth from the pregnancy history and do not ask the respondent for the child's date of birth. If the child's date of birth is not written on the document, select code '95' DATE OF BIRTH NOT ON CARD.

Q. 509: RECORDING VACCINATIONS

If you have a vaccination (health) card for the child, fill in the responses to Q. 509, taking the information directly from the card. When there is more than one eligible child for Section 5, be certain to match the correct card with the child you are asking about.

Before copying dates from the card to Q. 509, examine the card carefully. The card may list the vaccinations in a different order than the questionnaire. Also, Q. 509 requires dates to be recorded with the day first, then the month and then the year. Check the card carefully to see which way the dates are written because sometimes the month might come first, followed by the day and year. Be very careful to record dates correctly.

Besides recording vaccination dates on the card, some health facilities may also record the dates (appointments) on which the mother should bring her child for the next vaccination. Be very careful not to record a scheduled appointment date as a vaccination date. It is possible that an appointment date was given, but the child never received the vaccination. Only record dates that vaccinations were given, and not dates of appointments. Be patient and read the card thoroughly.

If the card shows the year a vaccination was given but the day or the month or both the day and the month are missing, record '98' in the column for which the information is not given.

Example: If the date given was July 2019, you would record '98' for DAY, '07' for MONTH, and '2019' for YEAR.

Example: If the date given was 2019, you would record '98' for DAY, '98' for MONTH, and '2019' for YEAR.

If the card shows clear evidence that a vaccination was given, but there is no date recorded, record '44' in the DAY column next to the vaccine and leave the month and year blank. Again, be careful to examine the card closely. For example, if a date is given for a DPT-HEPB-HIB/pentavalent vaccination and there is simply a check to show that an oral polio vaccine was also given, record the date of the DPT-HEPB-HIB/pentavalent injection on the polio line since the check probably indicates that the vaccinations were given on the same day. Some vaccination cards have only a single line for DPT-HEPB-HIB/pentavalent 1 and ORAL POLIO VACCINE (OPV) 1, DPT-HEPB-HIB/pentavalent 2 and ORAL POLIO VACCINE (OPV) 2, etc. If there is a date on just one of these lines, record the same date for both the DPT-HEPB-HIB/pentavalent and polio injections.

If there is no date and no check mark next to a specific vaccine, record '00' in the DAY column next to the vaccine and leave the month and year blank.

Example: Mary's health card (left panel) was used to complete Q. 509 (right panel):

Mary's health card		Q. 509								
		DAY	MONTH			YEAR				
BCG	20 May 2020	BCG	2	0	0	5	2	0	2	0
Polio 0	20 May 2020	ORAL POLIO VACCINE 0 (BIRTH DOSE)	2	0	0	5	2	0	2	0
OPV 1	August 25, 2020	ORAL POLIO VACCINE (OPV) 1	2	5	0	8	2	0	2	0
OPV 2	October 2020	ORAL POLIO VACCINE (OPV) 2	9	8	1	0	2	0	2	0
OPV 3	No date	ORAL POLIO VACCINE (OPV) 3	0	0						
IPV	No date	INACTIVATED POLIO VACCINE (IPV)	0	0						
OPV 4	No date		0	0						
DPT-HepB-Hib 1	25 August 2020	DPT-HepB-Hib 1	2	5	0	8	2	0	2	0
DPT-HepB-Hib 2	October, 2020	DPT-HepB-Hib 2	9	8	1	0	2	0	2	0
DPT-HepB-Hib 3	No date	DPT-HepB-Hib 3	0	0						
Measles 1	Given, no date	MEASLES 1	4	4						
Measles 2	No date	MEASLES 2	0	0						
Rotavirus 1	25 August 2020	ROTAVIRUS 1	2	5	0	8	2	0	2	0
Rotavirus 2	2020	ROTAVIRUS 2	9	8	9	8	2	0	2	0
Rotavirus 3	No date	ROTAVIRUS 3	0	0						
Vitamin A	9 October, 2020	VITAMIN A (MOST RECENT)	0	9	1	0	2	0	2	0

Q. 510: PERMISSION TO PHOTOGRAPH DOCUMENT

Request permission from the respondent to take a photograph of the document on which the vaccinations are written. If the respondent wants to know why taking a photograph is necessary, explain to her that it is an important step for obtaining accurate information. If the respondent grants permission and you were able to take the photograph with the tablet computer, select code '1' PHOTOGRAPH TAKEN. If the respondent does not grant you permission, select option '2' PHOTOGRAPH NOT TAKEN, PERMISSION NOT RECEIVED.

If permission is granted to take the photograph, but you are not able to take it for some other reason (for example, the camera function on the tablet computer is not working), record '6' PHOTOGRAPH NOT TAKEN, OTHER REASON and specify the reason.

Q. 511: FILTER FOR COMPLETE VACCINATION

Q. 512: ANY VACCINES GIVEN BUT NOT RECORDED

Sometimes a child receives a vaccination but no record is made on the vaccination (health) card. After copying the card, ask the respondent whether the child received any vaccinations that are not recorded on the card. This includes vaccinations given in national immunization campaigns or child health days.

If the mother reports that the child did receive a vaccination for which no date was recorded on the card, record YES in Q. 512. Then, go back to Q. 509, and replace the '00' for that vaccination with a '66' in the DAY column next to the vaccine received (leave the month and year blank), and skip to Q. 529.

In Q. 512, only record YES if the respondent lists one (or more than one) of the vaccinations that are listed in Q. 509 but are not recorded on the card as having been given. (The CAPI system will provide a list of those vaccinations that are recorded as not having been given.) Do not include vaccinations that are not listed on the vaccination card, such as an influenza (flu) vaccination.

The mother may tell you that the child did not receive any vaccinations other than those recorded on the card. In this case, select '2' for NO in Q. 512.

Example: Based on information provided by Mary's mother when asked Q. 512, you learn Mary received OPV 3 and IPV but no other vaccinations. After this information is added to Q. 509, the '00' that had been in the day column for OPV 3 and for IPV are replaced with '66':

Mary's health card		Q. 509								
		DAY	MONTH		YEAR					
BCG	20 May 2020	BCG	2	0	0	5	2	0	2	0
Polio 0	20 May 2020	ORAL POLIO VACCINE 0 (BIRTH DOSE)	2	0	0	5	2	0	2	0
OPV 1	August 25, 2020	ORAL POLIO VACCINE (OPV) 1	2	5	0	8	2	0	2	0
OPV 2	October 2020	ORAL POLIO VACCINE (OPV) 2	9	8	1	0	2	0	2	0
OPV 3	No date	ORAL POLIO VACCINE (OPV) 3	6	6						
IPV	No date	INACTIVATED POLIO VACCINE (IPV)	6	6						
OPV 4	No date		0	0						
DPT-HepB-Hib 1	25 August 2020	DPT-HepB-Hib 1	2	5	0	8	2	0	2	0
DPT-HepB-Hib 2	October, 2020	DPT-HepB-Hib 2	9	8	1	0	2	0	2	0
DPT-HepB-Hib 3	No date	DPT-HepB-Hib 3	0	0						
Measles 1	Given, no date	MEASLES 1	4	4						
Measles 2	No date	MEASLES 2	0	0						
Rotavirus 1	25 August 2020	ROTAVIRUS 1	2	5	0	8	2	0	2	0
Rotavirus 2	2020	ROTAVIRUS 2	9	8	9	8	2	0	2	0
Rotavirus 3	No date	ROTAVIRUS 3	0	0						
Vitamin A	9 October, 2020	VITAMIN A (MOST RECENT)	0	9	1	0	2	0	2	0

Once all rows in Q. 509 have information entered, skip to Q. 529.

Summary of completing Section 5 when vaccination card is available.	
Available information	Code
Complete date (day, month, and year) given	Enter complete date.
Part of date given	Enter '98' for missing information. Enter other date information as provided.
Date not specified, but clear indication it was given (e.g., tick mark), and date for vaccinations given at same visit specified.	Enter date of vaccinations given at same visit.
Date not specified, but some indication it was given.	Enter '44' in day column.
No evidence it was given from card, but mother recalls it was given.	Enter '66' in day column.
No evidence it was given.	Enter '00' in day column.

Q. 512A: FILTER FOR ANY VACCINATIONS RECORDED ON CARD

Q. 513: EVER HAD A VACCINATION (BUT NO HEALTH CARD)

You will ask this question only if you did not see a vaccination (health) card or other document on which vaccination information was written for this child. In that case, all of the information about vaccination of children will be collected from the mother, based on her memory about those vaccinations.

Qs. 514-528: VACCINATIONS FOR CHILDREN WITH NO CARD AND NO OTHER DOCUMENT

If you did not see a child's vaccination (health) card or another document on which vaccination information for the child was recorded and the respondent tells you that the child did receive at least one vaccination, you will ask about whether the child received each of the following vaccinations: BCG, polio (OPV and IPV), pentavalent (DPT-HEPB-HIB), pneumococcal, rotavirus, and measles/rubella.

Because there are many types of vaccines, we specify how each one is given so the mother will know which vaccine we are asking about. Read the whole sentence before accepting the woman's response.

Q. 514 asks about whether the child has ever received a BCG vaccination that protects against tuberculosis.

Notice that there are follow-up questions for the remaining vaccinations (polio, pentavalent, pneumococcal, rotavirus, and measles/ rubella). For the oral polio vaccine (OPV), we ask whether the child received it, in the case of a birth dose of OPV, when the child first received it, and how many times the child received it. Inactivated polio vaccine (IPV) is another type of vaccine that protects against polio. Since it can be difficult for the mother to distinguish between OPV and IPV, but IPV should be given at the same time as the third dose of OPV, Q. 520 asks whether an IPV injection was received at the same time as the last dose of polio. For all other vaccinations, we ask whether the child received the specific vaccine and how many times.

Q. 529: SOURCE OF VACCINATIONS

Ask the respondent where her child received the majority of his or her vaccinations.

Q.529A: WHY HAS CHILD NOT RECEIVED ANY VACCINATIONS

If the child has not received any immunizations, you will ask for the reasons why. However, the respondent is not to be prompted. You will record all reasons mentioned by selecting the responses that correspond to their statements. If they provide a response that cannot be categorized by the others listed, you will select 'other, specify' and type in a brief summary of the reason why.

Q. 530: CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

If the respondent has no more surviving children who were born in the last 35 months, proceed to Q. 601. If the respondent has another child age 0-35 months, you will repeat Qs. 503-529 for the next surviving child.

G. Section 6. Child Health and Nutrition

Similar to Section 5, Section 6 is focused on living children. However, it is important to remember that Section 6, unlike Section 5, is focused on surviving children who are born in the 0-59 months before the survey.

Q. 601: FILTER FOR SURVIVING CHILDREN AGE 0-59 MONTHS

Q. 602: INTRODUCTORY STATEMENT

Q. 603: YOUNGEST SURVIVING CHILD'S NAME AND PREGNANCY NUMBER

Q603A: CHECK CURRENT BREASTFEEDING STATUS

This filter checks Q. 485 to see if the child (age 0-35 months) is currently breastfeeding.

Q. 603B: CHECK AGE

For children who were not asked Q.485 (either because they are older than 35 months or were never breastfed), we filter for age. Children who are 0-35 months (those who were never breastfed) will skip to Q. 604. Children 36-59 months will proceed to Q. 603C.

Q.603C: EVER BREASTFED

For children 36-59 months Q.603C asks if they were ever breastfed. Children who were never breastfed skip to 604. Children who were breastfed continue to 603D.

Q. 603D CURRENTLY BREASTFEEDING

For children 36-59 months Q.603D asks if they are still breastfeeding Children who are currently breastfeeding skip to Q. 604.

Q. 603E HIV TESTING POST BERASTFEEDING (CHILDREN)

Q. 603E asks if the child has been tested for HIV since they stopped breastfeeding. If no skip to 603H, if yes continue to 603F.

Q. 603F: RECEIVED RESULTS OF TEST

Ask the respondent if she was told the results of the child's HIV test. Sometimes people are tested for the HIV but are not told whether or not they are infected, or do not go to get the result. Be clear to the respondent that in this question you are only asking whether or not the respondent knows the result of her test (that is, whether or not the child has the virus).

Q. 603G: RESULT OF HIV TEST

This is an especially sensitive question so be sure to be neutral when you ask it. If the respondent says the child received a positive test result this means the child is infected with HIV. If the result was indeterminate or they were unable to determine whether it was positive or negative, select indeterminate. If the respondent refuses to answer the question, select DECLINED TO ANSWER.

Q. 603H: HIV TESTING POST BERASTFEEDING (MOTHER)

Q. 603H asks if the mother has been tested for HIV at or around the time they stopped breastfeeding this child or since. If no skip to 604, if yes continue to 603I.

Q603I: RECEIVED RESULTS OF TEST

Ask the respondent if she was told the results of the her HIV test. Sometimes people are tested for the HIV but are not told whether or not they are infected, or do not go to get the result. Be clear to the respondent that in this question you are only asking whether or not the respondent knows the result of her test (that is, whether or not she has the virus).

Q. 604: IRON SUPPLEMENTATION

Iron supplementation is one of the most effective methods of alleviating anemia. Iron supplements for infants and young children are commonly given in the forms of tablets or liquids (syrups or drops), or micronutrient powders (a packet of vitamins and minerals that are added to a child's food). As a visual aid, show the respondent the iron tablet/liquid and micronutrient powder samples from the display book. Note that the time reference for this question is the last 12 months.

Q. 605: VITAMIN A SUPPLEMENTATION

Q. 605 asks if the child received a vitamin A dose within the six-month period before the survey. As a visual aid, show the woman common types of vitamin A ampules, capsules, or syrups. Do not record 'YES' if the child received the last dose more than six months ago.

Q. 606: INTESTINAL WORMS

Worm control improves the health of children. Deworming is possible with inexpensive and effective medicines that are safe in preschool children. Q. 606 asks if the child took any medicine for worms in the last 6 months.

Q. 607: CHILD GROWTH MEASUREMENTS

Routine assessment of child growth is used to monitor a child's growth and screen for acute malnutrition. "Healthcare provider or community health assistant" refers to any provider such as a doctor, nurse, or community health assistant/fieldworker. Length typically refers to when a child was measured lying down and height when a child was measured standing. There is no need to distinguish between height and length in how you code the response. Measurement around the upper arm refers to the measurement of the mid-upper arm circumference (MUAC). MUAC is usually a colored tape that is wrapped around the upper arm. Use your showcard to show the respondent an image of MUAC tape when you ask Q. 607c. Be certain to emphasize whether each of the actions happened within the last 3 months.

Q. 608: DIARRHEA IN LAST 2 WEEKS

Diarrhea is a major cause of illness and death among young children in developing countries. If a respondent is not sure what we mean by diarrhea, tell her it means three or more loose or liquid stools per day. While reading this question, emphasize "in the last 2 weeks."

Qs. 609 and 610: DRINKING AND EATING DURING DIARRHEA

The amount of fluids or food given while a child has diarrhea may be different from normal. The phrasing of the Q. 609 will depend on whether or not the child is currently breastfeeding. Read the entire question before accepting a response. We are interested in knowing the amount of fluids the child drank. If a respondent says that the child was given "less than usual," probe to determine more specifically if she meant the child was given "much less" than usual or "somewhat less."

Q. 610 is similar to Q. 609 except it concerns food eaten during diarrhea. Note that there is an important difference between the response codes STOPPED FOOD and NEVER GAVE FOOD. The latter code is reserved for children who are not yet being given food (e.g., they are only breastfed).

Qs. 611 and 612: ADVICE OR TREATMENT SOUGHT FOR DIARRHEA

These questions ask whether advice or treatment was sought from someone else on how to treat this episode of diarrhea, for example, advice from a health center, a health worker, or a traditional practitioner. Record YES if anyone sought advice or treatment for the child's diarrhea (not just the mother).

If advice or treatment was sought (Q. 611 is YES), ask Q. 612 and probe for all sources. Select the code for each facility or person contacted.

Q. 613: FILTER FOR NUMBER OF PLACES FOR DIARRHEA ADVICE OR TREATMENT

Q. 614: FIRST PLACE FOR DIARRHEA ADVICE OR TREATMENT

For women citing more than one source in Q. 612, probe in Q. 614 for the first place where advice or treatment for diarrhea was sought. If the woman mentions a source that is not recorded in Q. 612, first probe to be sure that advice or treatment was sought from the source and then add that source in Q. 612.

Q. 614A: NUMBER OF DAYS AFTER DIARRHEA THAT ADVICE/ TREATMENT WAS SOUGHT

If the child had diarrhea in the last 2 weeks, you will ask the respondent how many days after the diarrhea began that the caregiver or respondent sought advice or treatment for the child's diarrhea.

Q. 615: SPECIAL FLUIDS AND ZINC

Women are asked if they gave a child with diarrhea fluid made from a packet of oral rehydration salts (ORS) such as Manzi Ya Moyo , zinc tablets or syrup, or a government-recommended homemade fluid. Read out each item and record the answer given for each one.

Qs. 616 and 617: TREATMENT FOR DIARRHEA OTHER THAN SPECIAL FLUIDS

These questions ask the mother whether the child received any treatment for diarrhea other than those mentioned in Q. 615 for this episode of diarrhea. If in Q. 615 you learned that the child was given fluid from an ORS packet, then ask Q. 616a by saying, "Was anything else given to treat the diarrhea?" If nothing was given in Q. 615, ask Q. 616b by saying, "Was anything given to treat the diarrhea?"

If you learn in Q. 616 that the child was given something to treat the episode of diarrhea, ask Q. 617 to identify what the mother or anyone else may have given the child. As with Q. 616, Q. 617 has two versions: Q. 617a for children who received anything in Q. 615 and Q. 617b for children who did not receive anything in Q. 615. After recording a treatment, ask the woman whether "anything else" was given, but do so without implying that something else should have been given.

Q. 617 includes coding categories that warrant further explanation: antibiotic (codes A and E) and antimotility (code B). An antibiotic is a medicine that kills microorganisms such as bacteria. However, antibiotics are ineffective in treating diarrhea caused by a virus.

An antimotility is a medicine that reduces the symptoms of diarrhea by slowing down the movement of the gut. This reduces the speed that the contents pass through, allowing more food to remain to be absorbed into the body, which results in firmer stools that are passed less often.

Qs. 618-620: FEVER IN LAST 2 WEEKS AND MALARIA

Fever is a common symptom of many conditions and diseases including malaria and pneumonia, which are two of the principal causes of death for young children in many countries. Often children with fever receive treatment for malaria regardless of whether they have malaria or pneumonia. As a result, antimalarial drug resistance has become a major problem. To stop it, healthcare providers must diagnose malaria in children, and provide treatment for malaria only to those children who are infected with

malaria parasites. Malaria is diagnosed by taking a few drops of blood from the patient and examining them for the presence of malaria parasites or malaria-specific proteins.

For Q. 618 record YES only if the fever occurred in the 2 weeks prior to the date of interview and then go on to Q. 619 to ask whether blood was taken from the child's finger or heel for testing. Note that the question asks only whether blood was taken, not specifically whether it was taken for a malaria test since the respondent may not know why the blood was taken.

Regardless of whether or not the child had their blood tested during the illness, ask Q. 620 to determine if a healthcare provider told the respondent that her child had malaria.

Q. 621: COUGH IN LAST 2 WEEKS

Record YES only if the illness with a cough occurred in the 2 weeks prior to the date of interview.

Q. 622: CHILD BREATHED FASTER THAN USUAL/HAD DIFFICULTY BREATHING

Short, rapid breathing or difficulty breathing are signs of pneumonia or other acute respiratory infections, which are a principal cause of death among children.

Q. 623: FAST/DIFFICULT BREATHING DUE TO CHEST PROBLEM/BLOCKED NOSE

The purpose of this question is to better distinguish between respiratory illness, which can be life threatening, and an ordinary blocked or runny nose, which is less serious.

Q. 624: FILTER FOR FEVER

Qs. 625 and 626: ADVICE OR TREATMENT FOR COUGH/FEVER SOUGHT

Record YES in Q. 625 if anyone sought advice or treatment for the child's fever or cough; someone other than the respondent (for example, the grandmother) can have sought advice or treatment. If advice or treatment was sought, go on to ask Q. 626. Probe to determine whether more than one place or more than one person was consulted, and record all places mentioned.

Q. 627: FILTER FOR NUMBER OF PLACES FOR FEVER/COUGH ADVICE OR TREATMENT

Q. 628: FIRST PLACE FOR FEVER/COUGH ADVICE OR TREATMENT

For respondents naming more than one source in Q. 626, probe in Q. 628 for the first place where advice or treatment for the fever/cough was sought. If the woman mentions a source that is not recorded in Q. 626, first probe to be sure that advice or treatment was sought from the source and then add that source in Q. 626.

Q. 629: TIME TO SEEK ADVICE OR TREATMENT

Record the number of days after the illness began that advice or treatment was first sought. If advice or treatment was sought the same day the illness began, record '00'.

Qs. 630 and 631: TREATMENT OF THE FEVER/COUGH

Ask the respondent whether the child who had an illness with fever/cough in the last 2 weeks has taken any medicines for the illness and, if so, what medicines the child received.

Note that more than one drug may have been administered to the child during the illness, and you should record all the medicines mentioned by the respondent. If she does not know the name of the medicine(s), ask her to show you the medicine(s) and/or show her the showcards of antimalarials to see if she recognizes the packaging. Record DON'T KNOW only if she cannot show you the medicine or you cannot determine the type of medicine given to the child.

When you ask Q. 631, the respondent may or may not give you an answer that fits neatly into the categories in the questionnaire.

Consider the guidance below and if you are in doubt as to how to classify a medicine, but the respondent is sure it was an antimalarial, select code I - 'OTHER ANTIMALARIAL' and record the brand and/or medicine names.

ANTIMALARIAL MEDICINE	
ARTEMISININ COMBINATION THERAPY (ACT)	A
SP/FANSIDAR	B
CHLOROQUINE	C
AMODIAQUINE	D
QUININE	
PILLS	E
INJECTION/IV	F
ARTESUNATE	
RECTAL	G
INJECTION/IV	H
OTHER ANTIMALARIAL _____ I	
	(SPECIFY)
ANTIBIOTIC MEDICINE	
AMOXICILLIN	J
COTRIMOXAZOLE	K
OTHER PILL/SYRUP	L
OTHER INJECTION/IV	M
OTHER MEDICINE	
ASPIRIN	N
PARACETAMOL/PANADOL/ACETAMINOPHEN	O
IBUPROFEN	P
OTHER _____ X	
	(SPECIFY)
DON'T KNOW	Z

1. **Artemisinin-based Combination Therapy (ACT)** refers to a class of medicines containing both an artemisinin-based compound and another medicine; ACTs are the recommended first line antimalarial treatment. Medicines containing just an artemisinin compound or just one of the 'other' medicines below are NOT ACTs and should not be recorded as such.

Artemisinin compound		Other medicine	
Dihydroartemisinin or Artesunate or Artemether or Artemisinin	+	Lumefantrine or Naphthoquine or Mefloquine or Amodiaquine or Sulfadoxine/pyrimethamine or Piperaquine or Chlorproguanil/dapsone	= ACT

Combination	Common brand names of ACTs in Zambia
Artemether + Lumefantrine	Coartem
Artesunate + Amodiaquine	Artesunate
Artesunate + Mefloquine	Artesunate

2. **SP/Fansidar** is a medicine containing sulfadoxine-pyrimethamine; it is most commonly known as SP or SP/Fansidar, but there can be other brand names such as
3. **Chloroquine** has many brand names, including [Chloroquine]. No longer used in Zambia
4. **Amodiaquine** (alone, not as part of an ACT) may be sold as Amodiaquine suspension, Amodiaquine hydrochloride, or [Camoquine]. Not used as a single drug in Zambia
5. **Quinine** may also be known as [Quinine]. No longer used in Zambia.
6. **Artesunate** (alone, not as part of an ACT) has many brand names, including [Artesunate].

Q. 632: FILTER FOR ARTEMISININ-BASEDCOMBINATION THERAPY ('A') GIVEN

Q. 633: LENGTH OF TIME CHILD HAD FEVER BEFORE BEING TREATED WITH ARTEMISININ-BASED COMBINATION THERAPY

This question asks about the time interval between the beginning of the child's fever and when he/she took the first dose of artemisinin-based combination therapy (ACT). If he/she started taking an ACT the same day the fever started, select '0' for SAME DAY. If an ACT was first given the next day (the day after the fever began), select '1' for NEXT DAY, and so on.

Q. 634: FILTER FOR ADDITIONAL SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY

Qs. 603-633 will be repeated for all additional surviving children age 0-59 months.

Q. 635: FILTER FOR CHILD BORN IN 0-23 MONTHS BEFORE SURVEY AND LIVING WITH RESPONDENT

Qs. 636-642 are asked about the youngest child age 0-23 months living with the respondent.

The purpose of Q. 636 and Q. 637 is to obtain information on the drinks and foods the child consumed the previous day and night. We ask these questions to find out if children are:

1. Being exclusively breastfed, that is being fed only breast milk and no other liquids or foods, not even water. It is recommended that children under age 6 months be exclusively breastfed.
2. Eating from a variety of foods groups.
3. Consuming unhealthy drinks and foods such as sweet drinks and fried or salty snacks.

Keep in mind:

- The reference period covers from when the child awoke the previous day, through the day and night until the child awoke in the morning on the day of interview for a total period of approximately 24 hours. This means that if a child woke in the night last night and was given food or drink, it should be included in Qs. 636 and 637.
- If the mother was not with the child during the reference period, she may not be able to answer these questions. If this situation occurs, ask if you can talk to the person who was responsible for the child's care while the mother was away about what the child drank and ate. It is also possible that the mother will consult other household members about what the child drank or ate even if she was at home since the mother may not be the only one who fed the child yesterday during the day or night.
- It is important to ask about each liquid and food item and to read each question fully even if the mother says the child has had nothing more than she has already reported. This is required to obtain all the information about a child's feeding practices as it is possible the respondent forgot an item. However, while you have to ask every question, once a respondent says YES to any

liquid or food item in a particular question, you can move on to the next question without naming the remaining items in that question.

Q. 636: LIQUIDS GIVEN YESTERDAY

Help the respondent to recall what the child drank the day before, as follows:

- Begin by reading the introductory portion of the question slowly, emphasizing that the question concerns what the child drank **yesterday** during both the day and night.
- For categories that have more than one liquid listed, record ‘1’ for “YES” if any item in that category was given.
- Q. 636a (“Plain water”) refers to water by itself with nothing added to it, including a sweetener.
- In many parts of the world, the use of baby milk (Q. 636b) is widespread. In other areas, these products may be uncommon, and respondents may not recognize the terms. Baby milk, or infant formula, is a commercial product that is a breast milk substitute. This includes both milk and soy-based formula. Baby milk may be a powder or a liquid concentrate, either of which must be mixed with water before it is given to an infant. Alternatively, formula can be packaged in a ready-to-use container that can be fed to an infant without adding water. Examples include Nan, Lactogen, S-26, or Nestum.
- For questions regarding consumption of baby milk (Q. 636b) and milk such as packaged milk, or milk from animals (Q. 636c), follow up by asking how many times the child consumed the item.
- For questions regarding milk from animals (Q. 636c), teas/coffee/herbal drinks (Q. 636i) and other liquids (Q. 636k), there is a follow-up question on whether or not the drink was sweet or flavored. Examples of sweeteners added at home include sugar, honey, sweet drink powders, and syrups. Sweetened packaged or prepared drinks bought outside the home also count.
- Q. 636j (“clear broth or soup”) refers only to clear water-based broths or soups. Soups that include foods should not be included here but should be handled as described below in Q. 637.
- Once you have entered all the liquids the child consumed, you must confirm that the child was not given any other liquids (e.g., by asking “Any other liquids?” and “What was the drink?”). If the respondent confirms that the child was not given any other liquid or mentions items you have already marked YES in Q 636 a-j, mark NO under Q. 636k. If the respondent mentions a liquid the child was given yesterday that was not previously recorded, mark YES under Q. 636k and specify the liquid in OTHER DRINK(S). Then ask if the drink(s) was sweetened.

Note that if the woman mentions breast milk, it is not necessary to record this information in Q. 636 because if the child had breast milk yesterday, the mother would have already told us back in Q. 486 that she is still breastfeeding.

Q. 637: FOODS GIVEN YESTERDAY

Follow the same instructions as Q. 636 above to record the respondent’s answers to each question. Things to keep in mind that are specific to Q. 637 are:

- Sometimes the mother may tell you that her child had a dish made up of a variety of food items. Examples of common mixed dishes include “soup,” “porridge,” “stew,” “pureed baby food,” “sandwiches,” and “salads.” In the case when the mother reports a mixed dish, probe to find

out the main ingredients included in the mixed dish. Only include items that the child ate because in some cases the mother may pick out only certain pieces of food in the mixed dish for the child.

- For example, if the mother tells you her child had soup, ask what was in the soup and record only the ingredients **the child ate**. If the soup contained carrots, white potatoes, and beef, but the child was not given the beef, record YES in the group of “Pumpkin, carrots, butternut, or sweet potatoes that are yellow or orange inside” to record the carrots, and YES in the group of “Fresh cassava, roasted cassava, nshima from cassava, potato, mumbu, or white sweet potato ?” to record the white potatoes. Do not record YES in the group of “Any other meat, such as cow meat, goat meat, sheep meat, pork, field mice, rabbit, or chicken?” unless you learn that the child ate a type of meat as part of another meal or dish.
- For mixed dishes **do not count any minor foods or ingredient** used in a small amount to add flavor. This includes items added at any stage of cooking or when serving food (e.g., garnishes sprinkled on top of a dish to add flavor or visual appeal).
- Q. 637a (“Yogurt or sour milk?”) refers to any form of animal milk-based yogurt, when eaten or drunk. If the child has had any animal-based yogurt, follow up by asking how many times the child consumed the item. The respondent is then asked if the child had the item as a drink (“Did (NAME) have any yogurt or sour milk to drink?”). The reason for asking if the yogurt was in a drink form is that there is a follow-up question about whether the yogurt was sweetened that is asked only for liquid yogurt. If the respondent is confused by the second question, clarify that you first asked about consumption of any solid or liquid yogurt and now you are asking if any of the yogurt consumed was in liquid form. If the respondent is not sure how to distinguish solid and liquid yogurt, tell her that solid yogurt can be consumed with a spoon whereas liquid yogurt can be consumed using a straw or drunk from a cup.
- Once you have entered all the foods the child consumed, you must confirm that the child was not given any other foods by asking Q. 637v “Any other solid, semi-solid, or soft food?” and “What was the food?” If the respondent confirms that the child was not given any other food or mentions items you have already marked YES in Q. 637 a-u, mark NO for Q. 637v. If the respondent mentions a food the child was given yesterday that was not previously recorded, do the following:
 - a. Mark YES in the appropriate food group(s) in Q. 637 a-u. For example, if the respondent mentions bread and Q. 637b was marked NO or DK, change the response to YES.
 - b. Write the name of the food(s) in OTHER FOOD(S) if the respondent mentions a food item not listed in any of the existing food groups. An example of when this is likely to occur is when a type of fruit or vegetable is mentioned that is not listed in any of the food groups.

Q. 638: FILTER FOR CHILD ATE ANY FOOD

Q. 639: SOLID, SEMI-SOLID, OR SOFT FOOD

This question is only asked if none of the food groups in Q. 637 are reported by the respondent during the food group recall of what the child ate. This question verifies whether or not the child really had no solid, semi-solid, or soft food the previous day. If the respondent says YES to Q. 639, go back to Q. 637 and mark YES for food items reported by the respondent. If the food is not listed in a food group, mark YES under Q. 637v and specify the food item in OTHER FOOD(S).

- Solid, semi-solid, or soft foods include both dishes prepared for the entire family and special dishes prepared exclusively for infants and young children. Thick soups, stews, and porridges are considered semi-solid foods.

- Very thin, watery soups and gruels are classified as liquids not as solid, semi-solid, or soft foods.

Q. 640: NUMBER OF TIMES CHILD GIVEN SOLID, SEMI-SOLID, OR SOFT FOODS

In this question, we try to find out the total number of times that the child was given solid, semi-solid, or soft foods the day before the interview. Count snacks given to the child between regular meals separately. If the number is 7 or more, record '7' in the box.

Example: The respondent reports that her child was breastfed 8 times the previous day and fed porridge in the morning and evening. The child also ate a smashed banana during the afternoon. Record '3' in Q. 640 since the child ate solid/semi-solid/soft foods 3 times the day before the interview. The number of times the child breastfed is not counted in response to Q. 640 because breast milk is not a solid, semi-solid, or soft food.

Q. 641: TALK WITH A HEALTHCARE PROVIDER ABOUT FEEDING CHILD

In this question, we ask whether a healthcare provider or community health worker has talked with the mother in the last 6 months about how to feed her child or what types of foods to feed her child. We are trying to find out whether the mother has received counseling on child feeding practices for children under age 2, which includes counseling on breastfeeding or food-related practices.

Q. 642: DISPOSAL OF STOOLS

Correct disposal of stools is linked with lower risks of spreading diarrheal illnesses. Mothers are asked about what was done the last time their youngest child passed stools. If the stool was collected in a diaper, do not record diapers in OTHER. Rather, record where the stool was disposed of. The diaper and stool may be disposed of somewhere together, or the stool may have been disposed of in one place (example: toilet), and the diaper in another (example: garbage). Record where the stool was disposed of.



Q. 643: FOOD AND DRINK CONSUMED BY RESPONDENT

The purpose of this series of questions is to obtain information on all the drinks and foods the respondent consumed yesterday during the day or night. We ask these questions to find out if women consumed diverse diets that include a variety of different nutritious foods. We also want to know about women's consumption of unhealthy foods. These questions are asked of all women and are not restricted to respondents with young children.

The questions on food and drink consumption for women are similar to those for children. Most of the same instructions apply with the following notable differences:

- Q. 643 includes consumption of both drinks and foods, whereas drinks and foods are asked in separate questions for children.
- The number of times a drink or food was consumed is not asked of women nor are there follow-up questions on whether a liquid was sweet, flavored, or sweetened. Instead, information on sugary drinks is captured in Q. 643t, Q. 643u, Q. 643v and Q. 643x.

Liquids and foods consumed by children and women: a summary of do's and don'ts

DO ✓	DO NOT ✗
✓ Include all the things the child or respondent ate and drank <u>yesterday in the day and the night</u>	✗ Do not include any foods and drinks eaten <u>on the day</u> of the interview
✓ Probe by mentioning the first activity of the day to help the respondent list all foods	✗ Do not ask the respondent only about specific meals
✓ Read <u>the entire list of example food items</u> from each food category question	✗ Do not continue to read the food category question if the respondent already answered "YES" to a food item
✓ PROBE to find out the ingredients included in any mixed dishes e.g., mark "YES" if the child ate the meat in the meat stew	✗ Do not count any ingredients that are not eaten by the child or respondent e.g., mark "NO" if the child did not eat the meat in the meat stew
✓ PROBE for snacks	✗ Do not include foods used in small amounts for seasoning or as a condiment
✓ Ask all the questions on foods and drinks even if the child is only breastfeeding 	✗ Do not skip any questions even if the mother says the child has had nothing else to eat
✓ Ask about the number of times the child ate solid, semi-solid, or soft foods 	✗ Do not count the food items to get the number of times the child was fed solid, semi-solid, or soft foods



Only applies to children

Section HPV: Human Papillomavirus (HPV) Vaccination Module

Human Papillomavirus (HPV) is a cause of cervical cancer and genital warts. A highly effective vaccine that protects against the most common types of HPV is now available in Zambia. The vaccine is known as Gardasil and in Zambia it is administered to girls age 14-15 years. In order to be protected against HPV, an individual must receive two doses of the vaccine 12 months apart. The country has changed the target group in 2023 to only the 9-year-old girls that will receive a single dose of the vaccine on a campaign basis every year. The campaigns are conducted using three approaches i.e. school, outreach and facility-based campaigns. This is to enable the program effectively reach out to both the in school and out of school girls.

The DHS Program does not interview children who are in the target age range for the HPV vaccine. Instead, we interview young women age 15-20 about HPV vaccinations they may have received when they were age 14-15. Because these respondents would have received HPV vaccinations several years before the date of interview, you may need to probe carefully when asking these questions.

Q. HPV01: FILTER FOR AGE

Q. HPV02: INTRODUCTORY STATEMENT

This statement lets the respondent know that you are moving onto a new topic: HPV vaccinations she may have received during the ages of 14-15 years.

In Zambia, the HPV vaccine name is Gardasil but is also sometimes referred to as the HPV shot or the cervical cancer vaccine.

Q. HPV03: EVER RECEIVED HPV VACCINE

The purpose of this question is to determine if the respondent ever received an HPV vaccine. Because the respondent may not be sure what vaccine we are asking about, or she may have received the vaccine several years ago and have difficulty remembering, this question provides some information about what the HPV vaccine is and how the respondent may have received it. The respondent may not know the HPV vaccine by its official name Gardasil but rather by a local name such as HPV shot or the cervical cancer vaccine. She may recall that it was given at school, that many of her female classmates received it at the same time, and that she received a second dose about 6 months later.

Q. HPV04: EVER HAD VACCINATION CARD

HPV vaccinations are typically recorded on a small card or booklet that is solely for the purpose of tracking doses of HPV vaccine. This question ascertains whether the respondent ever received an HPV vaccination card. If the respondent was ever given an HPV vaccination card, she should answer 'yes' even if she no longer has the card.

Q. HPV05: NUMBER OF DOSES OF HPV VACCINE RECEIVED

If the respondent tells you that she did receive an HPV vaccination, you will ask whether she received one or two doses of the vaccine. This information is based on the woman's recall of the number of doses she received.

Q. HPV06: SOURCE OF HPV VACCINATION

Ask the respondent where she received her most recent HPV vaccination. Note that SCHOOL is a coding category because in many countries, HPV vaccinations are received as part of a school-based program.

H. Section 7: Marriage and Sexual Activity

Q. 701: CURRENTLY MARRIED OR LIVING WITH A MAN

In Q. 701 we want to know if the respondent is currently married, is living with a man as if married (i.e., she is in an informal union), or is not in union. Note that there are two different categories of YES responses: (1) “YES” the woman is married and (2) “YES” she lives with a man. Be sure, therefore, that you distinguish between these two categories. If the woman just responds YES to Q. 701, then ask her, if she is currently *married* or currently just *living* with a man. The difference between marriage and informal union can be context-specific. We accept the woman’s own report based on whether she considers herself to be married or in an informal union. The respondent does not need to have or show you a marriage certificate or any other document to be considered married. If she says she is married, record “YES, CURRENTLY MARRIED.” If a respondent is unsure how to report her marital status, the following guidance can be used: an informal union is one in which a man and woman live together for some time, intending to have a lasting relationship, but have not had a civil, religious, or traditional ceremony. Casual sexual encounters are **not** considered informal unions.

Example: If a woman went to live with her boyfriend and his family and has stayed for several years, they would be considered as “living together,” whether or not they have any children. On the other hand, if a woman has a boyfriend but has never lived with him, she would be considered not in union.

Example: A woman says she and her partner have been traditionally married, but they have not had a religious ceremony. Record that she is currently married. A traditional marriage counts as a marriage.

Example: A respondent has a male roommate, but they are not in a union. This arrangement does not count as living with a man as if married. Record, “NO, NOT IN UNION.”

Q. 702: EVER BEEN MARRIED OR LIVED WITH A MAN

For women who are not currently married or living with a man as if married (Response to Q. 701 is NO, NOT IN UNION), ask whether they have ever been married or lived with a man as if married. Probe if necessary to make the correct distinction between YES, FORMERLY MARRIED and YES, LIVED WITH A MAN.

Q. 703: CURRENT MARITAL STATUS

This question is asked of a woman who was formerly in a union but is not married or living with a man as if married at the time of the interview. Since she was in a union at one time, but is not on the day you are interviewing her, she will be widowed, divorced, or separated.

Qs. 706A-707: MARRIAGE REGISTRATION

Having a registered marriage is related to a range of social protections, rights (including civil, divorce, and inheritance), and access to benefits and the social safety net. A marriage certificate is a formal document issued by a government agency proving that two individuals are legally married. Legal proof of marriage can help to protect the rights of spouses to property upon death of one of the spouses or if the marriage ends in divorce.

Q. 706A is directed at respondents who are currently in union, that is women who are married or living with a man as if married.

In Q. 706B, record the type(s) of document the woman has. Record all the documents she mentions. You do not need to observe the documents to record that she has them.

In Q. 707, women who don't have a marriage certificate or don't know if they have a marriage certificate for their current marriage are asked if their marriage was registered with a civil authority.

Q. 709: WHERE HUSBAND/PARTNER LIVES

When asking this question and subsequent questions, choose the appropriate term for the woman's relationship (husband or partner).

For a woman who is either currently married or living with a man, ask whether her partner actually lives with her or lives elsewhere. If the woman's partner usually lives with her but is away only temporarily, record LIVING WITH HER.

Q. 710: HUSBAND'S/PARTNER'S NAME AND LINE NUMBER

Enter the name and line number of her husband/partner based on the information in Columns 1 and 2 of the Household Schedule. If the husband/partner is not listed as a household member, enter '00' in the boxes.

Q. 711: OTHER CO-WIVES/PARTNERS

We are interested to know whether or not the respondent's husband has other wives or cohabitating partners—that is, other women with whom he is living as if married. This does not include 'girlfriends' unless the husband is living together with the girlfriend as if married.

Q. 712: NUMBER OF CO-WIVES

The total number of wives/partners in Q. 712 should include the respondent as well as any other wives or cohabitating partners. Since the number has been assigned two boxes, remember to fill the first box with '0' for numbers less than 10.

Q. 713: RANK

In this question, we want to know the respondent's rank among her husband's wives: 01 if the woman is the first wife, 02 if she is the second, etc. The rank is not necessarily determined on the basis of when each wife married the husband, but the respondent will usually know what her rank is.

Q. 714: MULTIPLE MARRIAGES

As with Q. 701, we are interested in formal marriages as well as informal arrangements. If a woman was married or lived with a man and then was widowed, divorced, or separated from her partner and is now either married to or living with someone else, record MORE THAN ONCE. If a woman is not currently married but she was previously married two or more times, record MORE THAN ONCE. If she has married or lived together only once, select ONLY ONCE.

Q. 715: DATE FIRST LIVED WITH (FIRST) HUSBAND/PARTNER

The wording of this question will differ depending on whether the respondent was married or lived with a man only once or more than once. If the respondent has been married or lived with a man more than once, Q. 715 is asked about her first husband/partner.

We want to know the month and year when the respondent started living with her (first) husband or partner. If she can't remember the date, you will need to probe. The dates recorded in the pregnancy

history may help you in probing. For example, check the date of birth of her first child and ask her how many months or years before (or after) the birth she started living with her (first) husband or partner.

Note that we are interested in the date that the woman first started living with her (first) husband or the person she is/was first living with, not the date of first sex or first birth. Do not assume that the starting date of first union comes before date of the first birth; it may be that she had her first birth before her first union. If she answers in terms of the number of years ago (for example, “two years ago”), probe to find out the month and year.

Notice that you will record both the month and year in Q. 715. If one of these items is not known, you will select the code DON'T KNOW for that item ('98' for DON'T KNOW MONTH and '9998' for DON'T KNOW YEAR).

Q. 716: AGE FIRST LIVED WITH HUSBAND/PARTNER

If, after asking the date the woman started living with her first partner (Q. 715), you were unable to record a year, ask how old she was when she started living with him. As with other age questions, if she doesn't know, probe. Use information on events for which you already have information, e.g., ask how old she was when her first child was born, and then ask how long before or after giving birth she began living with her first husband or partner.

Notice that circling '9998' for DON'T KNOW is allowed as a valid response for Q. 715. However, if you were unable to obtain a numerical response to YEAR in Q. 715, you will have to provide the AGE in Q. 716.

Q. 717: FILTER FOR MARRIED/LIVED WITH A MAN MORE THAN ONCE

Q. 718: FILTER FOR CURRENT MARITAL STATUS

Q. 719: DATE FIRST LIVED WITH CURRENT HUSBAND/PARTNER

Q. 719 is similar to Q. 715, except it is directed at respondents who have been married or lived with a man more than once. We want to know the month and year when the respondent started living with her current husband or partner. If she can't remember the date, you will need to probe.

Q. 720: AGE FIRST LIVED WITH CURRENT HUSBAND/PARTNER

Q. 720 is similar to Q. 716. You will only need to ask Q. 720 if you were unable to obtain a YEAR in Q. 719.

Q. 721: PRIVACY

The questions that follow require a high level of confidentiality. Make sure you have privacy with the respondent before you begin asking them.

Qs. 722-738: GENERAL INSTRUCTIONS

The purpose of these questions about sexual intercourse is to determine the respondent's exposure to pregnancy, since fertility levels are directly related to the frequency of intercourse. These questions may be embarrassing for some respondents; therefore, ask them in a matter of fact voice. A common reaction for people who are embarrassed is to giggle or laugh. If you laugh in return or act as if you are embarrassed too, the respondent may think that the questions are not serious. Make sure you maintain a serious attitude.

Q. 722: AGE AT FIRST INTERCOURSE

Read the entire question to the respondent and emphasize that complete confidentiality of her answers. If the respondent says she does not know how old she was when she first had intercourse, probe by relating it to how old she was when she first got married or had her first child. However, when doing this probing, be certain not to assume that the first time she had sex was at the time of her first marriage.

Check to make sure that the age at first intercourse and the age at first birth (calculated by subtracting the woman's year of birth from the year of birth of the woman's first child) are consistent. The age at first intercourse cannot be later than her age at first birth. If her reported age at intercourse is older than her age at first birth, then either the year of birth of her first child is wrong or her age at first intercourse is wrong, or they are both wrong. Check to see which information is wrong and correct it.

If she has never had intercourse, select Code '00' and skip to Q. 738.

Q. 723: LAST TIME HAD SEXUAL INTERCOURSE

Q. 723 applies to the respondent's last, or most recent, sexual partner. Fill in the respondent's answer in the space according to the units that she uses. The YEARS AGO row should be used only if the last intercourse was at least one year ago. In other words, there should never be a response '00' YEARS. If the answer is 12 months or more, it must be recorded in years.

Example: If she says "three weeks ago," select '2' and enter '03' in the boxes next to WEEKS AGO. If she says "four days ago," select '1' and enter '04' next to DAYS AGO.

If the respondent appears to be rounding off her answer, probe for an exact answer. For example, if she says "about a week ago," ask, "Do you remember which day? Was it before or after the weekend?"

In some cases, you may have to convert a respondent's answer.

Example: If the respondent says, "this morning," select '1' and write '00' for DAYS AGO. If she has not yet resumed intercourse since she had her last child, check Q. 215 for the month and year of birth of her last child, and ask how long before the birth of that child she had sex the last time.

If the respondent had sex within the past year, proceed to Q. 724. If the last time the respondent had sex was 12 or more months ago, skip to Q. 737.

Q. 724: FILTER FOR PREGNANCY STATUS

Qs. 725 and 726: CONTRACEPTION USE AT LAST INTERCOURSE

The wording of Q. 725 is similar to Q. 303 except we are now asking about whether she and her partner used any method of contraception the last time she had sexual intercourse. The purpose of this question is to capture the use of methods that may be underreported in response to Q. 303. In Q. 726, record all the methods she says or her partner used.

Q. 727: CONDOM USED AT LAST INTERCOURSE

Condom use is of interest because it can help reduce the risk of transmission of HIV/AIDS and other sexually transmitted infections. Thus, Q. 727 is asked of all respondents who have had sex in the last 12 months, regardless of pregnancy status and whether or not they are using any form of contraception other than condoms.

Qs. 728 and 729: BRAND AND SOURCE OF CONDOM

Q. 728 asks about the brand of the male or female condom used the last time the respondent had sex. If the respondent doesn't know the brand name, ask to see the package. In Q. 729, ask the respondent where she got the condom used the last time she had sex.

Q. 730: RELATIONSHIP WITH LAST SEX PARTNER

We want to know the relationship of the respondent with the person she last had sex with. Note that the response categories in Q. 730 are stated in terms of his relationship to her. It also refers to the relationship at the time they last had intercourse. If the woman responds "BOYFRIEND," probe to see if the boyfriend was living with her and then enter the appropriate code.

Example: A divorced woman indicates her last sex partner was her former husband. If they were married at the time they had intercourse, record 'HUSBAND'. If they were already divorced and not living together at the time, record 'OTHER' and enter former husband in the space provided for specifying the relationship.

Qs. 731-736: SEX WITH ANYONE ELSE IN LAST 12 MONTHS

These questions find out if the respondent had sex with a second or third person in the last 12 months, the relationship of the person with the respondent, and whether or not a condom was used the last time the respondent had sex with the person. If the respondent only had sex with one person during the last 12 months (response to Q. 731 is NO), skip to Q. 737.

Q. 737: NUMBER OF LIFETIME SEXUAL PARTNERS

Q. 737 asks about total number of lifetime sexual partners. If the number of partners is greater than 95, record '95.'

Q. 738: PRESENCE OF OTHERS DURING INTERVIEW

Observe and record whether others are present during this section of the interview. Be sure to record either '1' or '2' for each line (children <10 years old, male adults, female adults).

I. Section 8: Fertility Preferences

This section gathers information on desires for additional children, preferred birth intervals, attitudes toward family planning and family size, and unwanted pregnancies.

Q. 801: FILTER CONCERNING STERILIZATION STATUS OF RESPONDENT/PARTNER

Q. 802: FILTER FOR PREGNANCY STATUS

Qs. 803 and 804: PREFERENCE FOR ADDITIONAL CHILDREN

If the respondent is currently pregnant, you will ask Q. 803. Note that we want to make sure that pregnant women do not think that we are asking them whether they want the child they are pregnant with now. For this reason, we begin this question by stating "Now I have some questions about the future. After the child you are expecting now..."

If she is not pregnant or is unsure if she is pregnant, you ask Q. 804. Note that the wording of the question depends on whether or not she already has children. If the respondent is not pregnant and has no living children, ask the question as follows: “Would you like to have a child or would you prefer not to have any children?” If she has one or more children, you ask instead, “Would you like to have another child or would you prefer not to have any more children?”

Q. 805: TIME TO WAIT

Q. 805 is asked of all women who say that they want to have another child. However, you will word the question differently depending on her pregnancy status. If she is not pregnant or unsure, you will ask 805a: “How long would you like to wait from now before the birth of (a/another) child?” If she is pregnant, you will ask 805b: “After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?”

Note that the answer can be given in months or years. Select ‘1’ if the response is in months or ‘2’ if in years, and record the answer in the appropriate boxes. If she says she would like to have a baby right away, select SOON/NOW (code 993). If the woman says she cannot get pregnant, select SAYS SHE CAN’T GET PREGNANT (code 994). If the woman tells you she would like to wait until after she is married to have a child, select AFTER MARRIAGE (code 995). If the woman gives a different answer, select ‘996’ and write her response in the space provided next to the OTHER category.

Q. 806: FILTER FOR PREGNANCY STATUS

Q. 807: FILTER FOR USING A METHOD

Q. 808: FILTER FOR TIME TO WAIT

Q. 809: FILTER FOR TIME SINCE LAST SEXUAL INTERCOURSE

Q. 810: REASON FOR NOT USING A METHOD TO PREVENT PREGNANCY

The woman’s response to Q. 804 will affect how this question is asked. If she has previously said that she wants to have a/another child, ask Q. 810a. If she wants no (more) children, ask Q. 810b.

There are many reasons that a person may not be using contraception, so listen to your respondent carefully. Record as many reasons as the woman mentions. The following are some guides to use in deciding which code(s) to mark:

Code INFREQUENT SEX if the respondent says she is not sexually active enough to be using a method. NOT HAVING SEX would be the appropriate code if she says she is not sexually active at all.

MENOPAUSAL means she is no longer menstruating and therefore cannot get pregnant, and HYSTERECTOMY is an operation to remove her uterus.

Code CAN’T GET PREGNANT, if the respondent says she thinks she cannot get pregnant for reasons other than she is menopausal or has had a hysterectomy.

Code NOT MENSTRUATED SINCE LAST BIRTH if the respondent says her period has not returned since her last birth.

UP TO GOD/FATALISTIC means that the respondent feels that the pregnancy is predetermined by fate and she has no control over pregnancy.

RESPONDENT OPPOSED means that the respondent herself does not approve of family planning. If her husband or partner is opposed to family planning, select the code for HUSBAND/PARTNER OPPOSED. If she says she is not using because someone other than her husband or partner tells her they are opposed to her using family planning, code OTHERS OPPOSED.

RELIGIOUS PROHIBITION means that she feels her religion does not allow the use of family planning.

INCONVENIENT TO USE would be if she considers the contraceptive methods to be too troublesome to use, such as being messy. This is inconvenient to use, but not inconvenient to get the method, since LACK OF ACCESS/TOO FAR is a separate category.

CHANGES IN MENSTRUAL BLEEDING can include side effects of a method such as spotting or irregular bleeding with hormonal methods such as the pill, certain IUDs, and injected or implanted contraceptives.

OTHER SIDE EFFECTS include consequences of using a method the respondent thinks may affect her health. For example, the respondent may say she heard the pill may be linked to breast cancer.

If the woman's main reason is not listed as a response, select 'X' and write her response on the OTHER line. If the woman does not know at all why she is not using contraception, record DON'T KNOW.

Q. 810A: FILTER FOR 805: HOW LONG RESPONDENT WOULD LIKE TO WAIT BEFORE BIRTH OF A CHILD

Q. 810B: FILTER FOR 307: USING A CONTRACEPTIVE METHOD

Q. 810C: REASONS WHY WOMEN SAY THEY WANT A CHILD SOON BUT ARE ON A CONTRACEPTIVE METHOD

This question is relevant for women who say that they want to have a/another child soon or in the next two years. There are many reasons that a person might be using contraception even when they want to have another child, so listen to your respondent carefully. Record as many reasons as the woman mentions. The following are some guides to use in deciding which code(s) to mark:

DOES NOT WANT TO GET PREGNANT RIGHT NOW. If the respondent says she does not want to get pregnant at the time of the interview. This would also be the appropriate code to select if the respondent reports that she is not sure when she wants to get pregnant.

TOO SOON SINCE LAST PREGNANCY would be the appropriate code if she says she wants to have another child soon / within the next 24 months but thinks that it is too soon for her to become pregnant since her last pregnancy. There may be a number of health-related reasons as to why a respondent may think that it is too soon for her to become pregnant (e.g. she may face health risks from becoming pregnant at the time of the interview, becoming pregnant might pose a risk for her child, or both).

PROTECTS AGAINST STI / HIV should be selected if the respondent reports that she is using contraception to prevent HIV or other sexually transmitted infections.

HELPS WITH MONTHLY BLEEDING should be selected if the respondent is using contraception to help with menstrual health concerns. Some concerns include irregular or heavy menstrual bleeding, spotting, premenstrual syndrome (PMS), or menstrual cramps.

TREATS HEALTH CONDITION should be selected if the respondent is using contraception to alleviate other health conditions, such as acne, anemia (for hormonal contraception), ovarian cysts, pelvic inflammatory disease (PID), among others.

IMPROVES SEX should be selected if the respondent is using contraception to improve sexual frequency or functioning (libido, pleasure, orgasm), either for themselves or for their partners or both.

CANNOT AFFORD PREGNANCY / CHILD should be selected if the respondent mentions that they are using contraception because they cannot afford to have a pregnancy or have a child at the time of the interview. “Cannot afford to have a pregnancy or child” can be interpreted in terms of monetary / financial costs (the respondent cannot financially afford to have a pregnancy or bear a child), time costs (they do not have time to be pregnant or have a child), psychological or social costs (they are not emotionally or mentally ready to become pregnant or have a child), among others.

IMPROVES ABILITY TO WORK should be selected if the respondent is using contraception to give herself more opportunity to work, earn income, or engage in other productive activities in or outside the home (e.g. continue schooling). This option should also be selected for respondents who report that their contraceptive use allows them to devote less time to childbearing and childrearing.

HUSBAND WANTS TO USE METHOD / TO DELAY / PREVENT PREGNANCY should be selected if the respondent reports that she is using a contraceptive method because she says that her husband wants her to use the contraceptive method, wants to delay pregnancy, or wants to prevent pregnancy.

OTHERS WANT HER TO USE METHOD / TO DELAY / PREVENT PREGNANCY should be selected if the respondent reports that she is using a contraceptive method because she says that someone else (e.g. other household members, other members of her community, etc.) wants her to use the contraceptive method, wants her to delay pregnancy, or wants her to prevent pregnancy.

DIFFICULT / COSTLY TO STOP / REMOVE METHOD should be selected if the respondent reports that it is difficult or costly for her to stop her contraceptive use. Potential reasons as to why stopping might be difficult include, but are not limited to:

- 1) The respondent cannot afford the cost of method removal (for IUDs or implants);
- 2) The respondent faces other barriers to accessing removal services (mobility barriers, transport costs);
- 3) The respondent faces time constraints or reports delaying her intention to seek removal services;
- 4) There are limited or no removal services available (e.g. a trained provider who can remove the method);
- 5) The respondent feels compelled (either herself or because of someone else) to continue using the method;
- 6) For injectables, the respondent recently received an injectable and would have to wait until the hormonal effects subside.

DOCTOR / PROVIDER WILL NOT REMOVE / STOP METHOD should be selected if the respondent reports that she is using her contraceptive method because her provider will not remove her method. This would include cases where the respondent’s provider actively refuses to allow the respondent to stop or remove the method (for any reason, including reasons that the provider may believe are well-meaning, such as health reasons).

DOCTOR / PROVIDER RECOMMENDS USE should be selected if the respondent reports that her provider recommends that she continue to use her method and the respondent follows or complies with that recommendation.

Q. 811: FILTER FOR USING A CONTRACEPTIVE METHOD

Q. 812: INTENT TO USE CONTRACEPTION IN THE FUTURE

This question is for all women who are currently not using a method of contraception and women who were not asked about current contraceptive use because they were pregnant at the time of the interview. The purpose of this question is to see whether the respondent has any intention of using a method of family planning at any time in the future.

Q. 813: PREFERRED NUMBER OF CHILDREN

Q. 813 is asked differently depending on whether or not the respondent has living children. If she already has living children, we ask her to imagine the time when she had no children and could choose exactly how many to have. We are not asking how many she would like to have by her current age (now), but rather, how many she would like over her entire life (including the future).

If she tells you a number, record it in the boxes by NUMBER, then proceed with Q. 814. If she gives an answer that is not a number, for example, "It's up to God," probe for a numeric response. If after probing, the woman will not state a number, write down her exact words in the OTHER category, and skip to Q. 815.

Q. 814: DESIRED SEX COMPOSITION OF CHILDREN

This question is asked of all women who gave a numerical response to Q. 813. Record the number of boys and girls preferred by the woman in the boxes provided under BOYS and GIRLS, respectively. If the woman says it would not matter what sex the child is, write the number of such children in the boxes under EITHER. If she gives some other answer, select '96' for OTHER and record her exact words in the space provided.

Example: If in Q. 813, a respondent says she would like to have six children, and in Q. 814 she would like to have two boys, two girls, and two more of either sex, you would record '02,' '02,' '02.'

If a respondent would like to have two children ('02' in Q. 813) and she wants two boys, you would record '02,' '00,' '00' in Q. 814.

If she would like to have three children and at least one of them should be a boy, record '01,' '00,' '02,' since she would be satisfied with either sex for the other two children.

Finally, note that if the woman gives a numeric response to this question, the sum of the numbers you record in the three sets of boxes must equal the total number in Q. 813. You must probe further if the numbers do not match.

Q. 815: EXPOSURE TO FAMILY PLANNING MESSAGES

We are interested in any information about family planning, whether it is a program concerned with giving information about family planning, an advertisement about family planning, or a speech in which family planning is mentioned. Read the introductory question and then each line; wait for her response and code it before moving on to the next line.

Q. 816: COUNTRY-SPECIFIC QUESTIONS ON FAMILY PLANNING MESSAGES

Q. 817: FILTER FOR CURRENT MARITAL (UNION) STATUS

Qs. 818-819: DECISION TO USE CONTRACEPTION

In Q. 818, we want to know whether the woman usually participates in the decision whether or not to use contraception, which would indicate that she exercises her right to control and monitor her reproductive health. Read the entire question before accepting a response. If the respondent says that someone other than her husband or partner or she made the decision, such as a doctor or a nurse, select SOMEONE ELSE (Code '4').

Only women who respond that they make decisions about contraception use jointly with their husband are asked Q. 819.

Q. 820: PRESSURE TO BECOME PREGNANT

The purpose of this question is to determine if the respondent ever received pressure from her husband or any family member to become pregnant when she did not want to. The question is about how much decision-making power the woman has about if and when to have a child (or another child), and whether the family respect her power in this decision.

Sometimes a woman may want to have a child herself but may have difficulty conceiving. This situation can also result in disrespectful or insulting comments by the family, but this is not what this question is asking about. To answer 'YES' to this question, the pressure must be experienced at a time when the respondent *did not want to become pregnant*.

Example: a respondent who has been married for a year wants to wait a few more years before having her first child. She says her in-laws insulted her by telling her she was an embarrassment and a failure because she has not yet had a child and was not pregnant.

Example: a respondent who has three children and does not want any more says that her husband threatened that he would leave her if she did not have another child.

Q. 821: FILTER FOR STERILIZATION

Q. 822: HUSBAND'S AND WIFE'S PREFERENCE FOR CHILDREN

This question asks for the woman's opinion of her husband's preference compared with her own. Read the entire question before accepting a response.

J. Section 9: Husband's Background and Woman's Work

Q. 901: FILTER FOR CURRENT MARITAL (UNION) STATUS

Q. 902: HUSBAND'S/PARTNER'S AGE

If you have difficulty obtaining the husband's age, use the same methods to probe for his age as described in Qs. 110-111 for obtaining the respondent's age.

Qs. 903-905: HUSBAND'S/PARTNER'S EDUCATION

These questions are identical to Qs. 113-114, which were asked of the respondent. Again, note that in Q. 904, you record the highest level attended, and in Q. 905, you record the highest year completed at that level.

Qs. 906 and 907: RECENT WORK

Qs. 906 and 907 ask if the respondent's husband/partner worked recently. In Q. 906 ask about work in the last 7 days. If the respondent's husband/partner has not worked in the last 7 days or the respondent doesn't know, ask Q. 907 to determine if he has worked in the last 12 months.

Q. 908: HUSBAND'S/PARTNER'S CURRENT (OR MOST RECENT) OCCUPATION

Q. 908 asks what is respondent's husband's or partner's occupation. By occupation, we mean what kind of work the respondent's husband/partner MAINLY does.

Examples of occupations are clerk, secretary, barber, taxi driver, nurse, teacher, lawyer, salesman, rubber tapper, fisherman, rice farmer, carpenter, etc. We are not interested in the industry that he works in (e.g., agriculture, mining, or sales) or where he works (in a bank, a retail clothing store, or a government office), but we need to know what his job is.

Example: The respondent says her husband works in the Ministry of Planning. This response tells you where he works but not what his occupation is. You should ask what he does at the Ministry of Planning and learn that he is an accountant. Record 'accountant.'

Write the answer in the respondent's own words. If you are not sure how to write the occupation, it is better to give more detail than less.

"Not currently working" is not an acceptable response because you will reach Q. 908 only if the man has worked in the last 7 days or the last 12 months. If he worked in the last 12 months but is not currently employed, get a description of his most recent job. If he does more than one job, write down what he does most of the time. Do not fill in the two code boxes for this question, since numerical codes will be assigned afterwards in the office.

Q.908A: HUSBAND/PARTNER METHOD OF PAYMENT

This question follows up to Q. 908 by asking how the respondent's husband or partner was primarily paid for the work of reference: whether in cash only, cash and in kind, in kind only, or not paid at all. By payment in kind we mean goods/facilities/services of value that employees may receive from the employers at no cost as part of their payment for work done. For example, a farm labourer who is given free room and board instead of cash in exchange for the work he does would be paid in kind.

Qs. 909-913: EMPLOYMENT AND OCCUPATION

These questions are concerned with any work other than housework that the respondent herself does. The time reference for Qs. 909-911 is the 7 days before the survey interview.

Q. 910 is asked because it often happens that women who sell things or work on the family farm will not consider what they do work, especially if they do not get paid for the work. Read the introductory sentences of Q. 910 so the respondent understands what we mean by "work."

Q. 911 checks to determine if a woman normally works but was temporarily absent from work, i.e., she was on leave or was not working for some other reason during the seven-day period before the survey.

Q. 912 is directed to women who indicate they currently are not employed in a job or business and seeks information about whether the woman has done any work in the 12 months before the survey.

As described for Q. 908, write the respondent's occupation in her own words in Q. 913. Again, it is better to **give more detail than less**.

Q. 914: NATURE OF EMPLOYMENT

There are three categories here. Consider a woman who works in a shop as an example. If her husband or father operates the shop and she works for him, she is working FOR FAMILY MEMBER. If she works in a shop owned and operated by a nonfamily member, she works FOR SOMEONE ELSE. If she runs the shop with her husband or runs it on her own, she is SELF-EMPLOYED.

If a woman says she is employed by a corporation or the public sector, she is working FOR SOMEONE ELSE.

Q. 915: WORK ALL OR PART OF THE YEAR

Of interest here is the regularity with which a respondent is working. If she is working all year long, record THROUGHOUT THE YEAR even if she works only part-time. If her work is seasonal, record SEASONALLY/PART OF THE YEAR. If she works occasionally, record ONCE IN A WHILE.

Q. 916: TYPE OF PAYMENT

This question asks for the type of payment that the respondent receives for her work. Payment can come in two forms: in “cash” and in “kind.” For example, a woman who sells fruit in the market to people who pay money for it earns cash for her work. If the woman receives a portion of the fruit she takes to the market as payment, she receives “kind” for her work.

To answer Q. 916, you will need to determine if the woman receives payment in cash only, in kind only, both in cash and in kind, or whether she is not paid. If a respondent is a clerk and gets paid a regular salary, she earns CASH ONLY. If she is a domestic servant and she gets food and some cash, she is paid in CASH AND KIND. If she works as a domestic servant and she is not paid a salary but instead gets lodging and food only, she is paid IN KIND ONLY. If she is working on a farm owned by her family and receives no payment of money or other goods, then she is NOT PAID.

Qs. 917 and 918: FILTERS FOR MARITAL STATUS AND CASH EARNINGS

Qs. 919-924: WOMAN’S CONTROL OVER AND USE OF CASH INCOME AND PARTICIPATION IN HOUSEHOLD DECISIONS

Q. 919 is a single response question that asks who usually decides how the money the respondent earns will be used. The word ‘jointly’ refers to the respondent’s making the decisions jointly with her husband or partner (Code ‘3’). If the husband decides by himself, select ‘2.’ If someone other than the respondent and her husband (e.g., another relative) makes the decision, select ‘6’ for OTHER and ask the respondent to specify.

Q. 920 asks the respondent for her perception of the amount of money she earns in relation to her husband’s/partner’s earnings. If the respondent’s husband/partner does not bring in any money at all, select Code ‘4’ and skip to Q. 922.

Q. 921 is similar to Q. 919 except that it is concerned with whether the respondent is involved in decisions about how her husband’s or partner’s earnings will be used. Again, the question allows for only a single response with regard to who usually decides how the husband’s or partner’s earnings will be used. The response codes are identical to those described in Q. 919 except that there is an additional code corresponding to HUSBAND/PARTNER HAS NO EARNINGS.

Qs. 922-924 address the roles of the woman and her husband or partner in making various household decisions. Decision-making can be a complex process, so the emphasis is again on who usually makes a specific decision. Choose the response code most appropriate after you hear the respondent’s answer to each type of decision. Use Code ‘1’ for RESPONDENT only if the woman says that she alone mainly

makes the decision. When her husband or partner alone usually makes the decision, select '2.' If she and her husband usually consult about decisions, select '3.' If, for example, she says that her in-laws usually make the decisions about the item in question (e.g., what food to purchase), then select '4' for SOMEONE ELSE.

Qs. 925 through 930: OWNERSHIP OF HOME(S) AND/OR LAND

There is increasing evidence that ownership of property by women has positive consequences for women's empowerment, nutritional and health outcomes, and her children's schooling. For Qs. 925 and 928, 'ownership' implies that the house or land is legally registered in the woman's name or, since official property records do not always exist or are not maintained, the house or land is recognized as hers and cannot be sold without her signature or equivalent.

Q. 925 concerns whether the respondent owns a house either by herself or jointly with someone else. For this question, 'house' includes all dwelling types including apartments, duplexes, and houses that are semi-detached or detached, etc., as well as other types of dwellings that are specific to [COUNTRY]. If she owns a house (either the one you are in at the time of the interview or any other house), and she is the only owner of the house (she does not share ownership with anyone), record ALONE ONLY. If she doesn't own a house on her own, but instead jointly owns one with her husband/partner, record JOINTLY WITH HER HUSBAND/PARTNER ONLY. If she doesn't own a house on her own, but instead jointly owns one with someone else (a person who is not her husband), record JOINTLY WITH SOMEONE ELSE ONLY. If she owns a house jointly with her husband/partner and someone else, record JOINTLY WITH HER HUSBAND/PARTNER AND SOMEONE ELSE. If she owns a house alone and another house jointly with someone else, record BOTH ALONE AND JOINTLY. If she does not own a house either alone or jointly, record DOES NOT OWN.

Note: It does not matter if the house was bought with a loan and the loan is still being paid for; what matters is whether the respondent's name is on the ownership document or, in the case where there is no paperwork, the respondent believes she has exclusive or part ownership of the house. In such a case, record as outlined above.

Qs. 926 and 927 ask if the respondent has a title deed for any house she owns and if her name is on the document. She does not need to be able to show you the title deed.

Q. 928 concerns whether the respondent owns agricultural or non-agricultural land either by herself or jointly with someone else. Non-agricultural land refers to rural land that is not used for growing crops and most land in urban areas. The size, quality, or purpose of the land is not relevant to this question; we are only asking about her ownership of any type or size of land. The system of coding the responses is identical to Q. 925.

Note: communally owned land is not owned by her, even if she is part of the community.

Qs. 929 and 930 are identical to Qs. 926 and 927 except that they refer to the title deed for any land she owns.

Q. 930A: BANK ACCOUNT ACCESS

Financial institutions include banks, credit unions, microfinance institutions and cooperatives. It also includes having a debit card if it is in the respondent's own name. If the respondent has her own account or shares an account at a bank or other financial institution with someone else, record YES, as long as she uses the account. If the respondent has an account in her name, but does not use it, record NO. If the respondent says someone in her household has an account at a financial institution, but she does not use it record NO. Do not include use of mobile money payment and transfer systems. Do not include savings programs at the community level.

Q. 930B: BANK ACCOUNT DEPOSITS OR WITHDRAWALS IN LAST 12 MONTHS

Q. 930B asks about any deposits (putting money in) or withdrawals (taking money out) of the account(s) mentioned in Q. 930A made by the respondent in the last 12 months. It is important that the deposits or withdrawals were made by the respondent herself. If the respondent made at least one deposit or withdrawal from the account in the last 12 months, select 'YES'. If the respondent did not put in or take out any money in the last 12 months, select 'NO.'

Q. 930C: FINANCIAL TRANSACTIONS BY MOBILE PHONE

This question is identical to Q. 135 in the Household Questionnaire except that it is asking specifically about whether or not the respondent uses a mobile phone to make financial transactions and is restricted to the last 12 months.

Q. 931: PRESENCE OF OTHERS

This is not a question to ask the respondent, but something that you answer yourself. Just look around and see who else is within listening distance while you are interviewing. If a supervisor is observing the interview, be sure to include her or him as another female or male present. Do not leave any row blank.

Q. 932: ATTITUDES TOWARD BEATINGS

Read the opening question and then read each item separately. Wait for the respondent to answer before going on to the next item. If she does not understand the question, you should read it out again. Be sure to read each item clearly. Sometimes respondents misunderstand the question and think you are asking about their personal experience. This question is about the respondent's opinion and not about what is happening in her relationship with her husband or partner. Be sure that the respondent has understood the question before accepting an answer.

K. Section 10: HIV/AIDS

AIDS is an illness caused by HIV, a virus that weakens the immune system and leads to death through secondary infections, such as tuberculosis and pneumonia. It is transmitted through sex or through contact with contaminated blood. This section asks questions concerning knowledge and behavior related to HIV/AIDS and other diseases that are transmitted through sexual contact.

Qs. 1000: INTRODUCTION

Q. 1000 is an introductory statement meant to alert the respondent that the interview is switching to a new topic: HIV and AIDS.

Q. 1002: FILTER BY RESPONDENT'S AGE

Only respondents age 15-24 are asked Qs. 1003-1007.

Qs. 1003-1006B: KNOWLEDGE OF WAYS TO AVOID/REDUCE CHANCES OF GETTING HIV AND LOCAL MISCONCEPTIONS ABOUT HIV

There are two types of questions in Qs. 1003-1006B. Qs. 1003 and 1005 are asked to determine whether people know about behaviors advocated by public health programs to reduce the chance of becoming infected with HIV: being faithful to one uninfected partner and using condoms.

Qs. 1004, 1006, 1006A, and 1006B are asked to measure how many people hold incorrect beliefs about the way HIV is transmitted.

Q. 1007: HEALTHY-LOOKING PERSON WITH HIV

Q. 1008: HEARD OF ARVs

ARV is an abbreviation for antiretroviral, a class of medicines that treat HIV.

Q. 1008A: KNOWLEDGE OF HOW LONG SOMEONE DIAGNOSED WITH HIV MUST TAKE ARVs

In this question, we want to find out if the respondent knows for how long one who is diagnosed with HIV should be on ARVs.

Q. 1008B: KNOWLEDGE AROUND SOMEONE TAKING ARVs CORRECTLY ABLE TO TRANSMIT HIV TO PARTNER

Q. 1008C: KNOWLEDGE AROUND AT WHAT TIMES MOTHER CAN/CANNOT TRANSMIT HIV TO BABY

HIV can be passed from mother to fetus during pregnancy, childbirth, and breastfeeding. Here we want to understand if the respondent knows at what times/how a mother can transmit HIV to her baby. If she says it depends on whether or not the woman is taking ARVs then clarify that for this question, we want to find out if a woman knows that HIV can be transmitted from the mother to her baby during pregnancy, childbirth and breastfeeding, regardless of being on ART treatment.

Q. 1008D: FILTER ON 1008C

If there was at least one 'yes' selected in 1008C, 1009 will be asked. If all response to Q. 1008C were 'no' and/or 'don't know', Q. 1009 will be skipped.

Q. 1009: MEDICINES THAT REDUCE THE RISK OF MOTHER-TO-CHILD TRANSMISSION

Ask the respondent if she knows of any “special medicines” that can reduce the risk of transmitting HIV from a mother to her baby. These medicines are ARVs, however, we call them special medicines here in case the respondent knows that medicines are available, but does not know what they are called.

Q. 1009A-B: HOW TO PREVENT HIGH-RISK CONTRACTION OF HIV

The series of questions asks if anything can be done to prevent high-risk contraction of HIV, through mechanisms such as needle pricks or high-risk sex. If the respondent answers ‘yes’, they will move on to 1009B where they will be asked what can be done to prevent the contraction of HIV. Taking any kind of medicine including post exposure prophylaxis would be recorded as “taking medicine” or A, while washing one’s hands, genitals, or bathing one’s whole body would be recorded as “washing” or B.

Q. 1010: HEARD OF PrEP?

PrEP refers to pre-exposure prophylaxis. PrEP is given to HIV-negative individuals to reduce their risk of becoming infected if they are exposed to HIV. For example, a woman whose husband/partner is infected with HIV could take PrEP daily to reduce the chance of getting HIV from her husband.

Q. 1011: APPROVAL OF PEOPLE WHO TAKE PrEP

This question is directed to women who have heard of PrEP and is meant to measure whether or not there is stigma directed at people who take PrEP. This is an opinion question, and we are trying to understand whether women think it is okay for other people to take PrEP to protect themselves against HIV.

Q. 1011A: HAS RESPONDENT EVER TAKEN PREP

PrEP, or Pre-Exposure Prophylaxis (PrEP), is a preventative medication for HIV that can be taken.

This is a sensitive question to ask, so please do your best to ensure there are no others around and that the question is asked respectfully.

Q. 1012: FILTER FOR LIVE BIRTH 0-23 MONTHS BEFORE THE SURVEY

Q. 1013: FILTER FOR LAST LIVE BIRTH HAD ANTENATAL CARE

Q. 1014: PRIVACY

The questions that follow require a high level of confidentiality. Make sure you have privacy with the respondent before you begin asking the questions.

Q. 1014A: HIV INFORMATION PROVIDED DURING ANTENATAL CARE VISITS

This question seeks to understand whether HIV related information was provided at the respondent’s antenatal visits for her last birth.

The respondent will be asked whether they received any information about:

- a) babies getting HIV from their mothers,
- b) things that the mother/ respondent can do to prevent getting HIV, and
- c) getting tested for HIV

All responses are recorded in terms of yes or no.

Qs. 1015-1017: TESTING FOR HIV DURING ANTENATAL CARE

In Q. 1015, ask the respondent if she was tested for HIV during an antenatal care visit for during the pregnancy of her last live birth. We do not need to know the result of the test, simply whether or not she was tested.

For women who were tested for HIV during antenatal care, ask the respondent where she was tested for HIV (Q. 1016) and if she was told the results of her HIV test (Q. 1017). Sometimes people are tested for HIV but are not told the results of the test, or do not go to get the result. Be clear to the respondent that you are not asking to know the results of the test, only whether she knows the result of the test.

Q. 1018: FILTER FOR LOCATION OF DELIVERY OF LAST LIVE BIRTH

Qs. 1019 and 1020: TESTING FOR HIV PRIOR TO DELIVERY

For Q. 1019, stress that we are interested in knowing whether she was tested between the time she went for delivery but before the baby was born.

For Q. 1020, be clear to the respondent that we do not want to know the result of the test, only whether or not she got the results of the test.

Q. 1021: FILTER FOR HIV TESTING DURING ANTENATAL CARE

Q. 1022: TESTED SINCE THE TEST DURING ANTENATAL CARE

For women who received an HIV test during antenatal care or prior to delivery, we ask whether they have had another HIV test since the test they had during their pregnancy.

Q. 1023: DATE THE MOST RECENT HIV TEST WAS DONE

We want to know the month and year of the respondent's most recent HIV test. If the respondent knows she was tested, but is not sure when it took place, probe to obtain an estimate of the date. If she answers in terms of the number of years ago (for example, "two years ago"), probe to find out the month and year.

If either the month or the year is not known, select the code DON'T KNOW for that item ('98' for DON'T KNOW MONTH and '9998' for DON'T KNOW YEAR).

Q. 1024: EVER BEEN TESTED FOR HIV

For this question, we do not want to know the result of the test, only whether or not she has ever been tested.

Q. 1025: DATE OF MOST RECENT HIV TEST

Ask the respondent when she was last tested for HIV. If the respondent knows she was tested, but is not sure when it took place, probe to obtain an estimate of the date.

Q. 1026: WHERE TEST WAS DONE

Ask the respondent where the test was done.

Q. 1027: RESULTS OF TEST

Ask the respondent if she was told the results of the test. Sometimes people are tested for the HIV but are not told whether or not they are infected, or do not go to get the result. Be clear to the respondent that in this question you are only asking whether or not the respondent knows the result of her test (that is, whether or not she has the virus). If the respondent has been tested more than once, we are asking whether the respondent knows the result from the last time she was tested.

Q. 1028: RESULT OF HIV TEST

This is an especially sensitive question so be sure to be neutral when you ask it. If the respondent says received a positive test result this means she is infected with HIV. If the respondent refuses to answer the question, select DECLINED TO ANSWER and skip to Q. 1031.

Q. 1029: DATE OF FIRST HIV-POSITIVE TEST

For respondents who know they are infected with HIV, we want to know the month and year of their first test that revealed that they were HIV infected. Depending on the respondent's situation, she could have received an HIV-positive test result the first time she was tested. Therefore, it is possible that the date she provides in response to Q. 1029 will be the same as the date provided in response to Q. 1023 or Q. 1025.

Q. 1030: ARV USE

Ask the respondent if she is currently taking ARVs. If she says she occasionally misses a dose, record YES. If she took ARVs in the past, but is no longer taking them, record NO.

Q. 1031: TOTAL TIMES TESTED FOR HIV

Ask the respondent how many times she has been tested for HIV in her entire lifetime. If she is unsure, probe to get an estimate.

Qs. 1032 and 1033: HIV SELF-TEST KITS

HIV self-testing is a process in which an individual performs an HIV rapid diagnostic test and interprets the result in private. Self-testing is an emerging approach that is well accepted, potentially cost-effective and empowering for those who may not otherwise get tested for HIV. HIV self-test kits may provide opportunities to dramatically increase access to HIV testing of under-tested populations. Qs. 1032 and 1033 ask the respondent if they have ever heard of these kits and if they have ever used one.

Qs. 1034 and 1035: STIGMA AND DISCRIMINATION TOWARD PEOPLE LIVING WITH HIV

Stigma and discrimination toward people living with HIV creates a hostile environment that impacts their quality of life in many ways such as access to education and healthcare, lack of social support, and increased risk of violence. These questions seek to measure different aspects of stigma and discrimination toward people living with HIV.

Q. 1036: FILTER FOR HIV STATUS

Q. 1037-1039: EXPERIENCES LIVING WITH HIV

In Q. 1037, we want to know if the respondent has told anyone other than the interviewer that she is infected with HIV. In Q. 1037A, we ask who. In Q. 1038, we ask whether she agrees or disagrees with

the statement provided. Be careful to read the question exactly as written. Q. 1039 asks her about whether any of several situations have happened to her in the last 12 months because she has HIV.

Q. 1040: KNOWLEDGE OF OTHER SEXUALLY TRANSMITTED INFECTIONS

Q. 1040 to determine whether she knows infections other than HIV that can be transmitted through sexual contact. She is not being asked to actually tell you what specific sexually transmitted infections (STIs) she knows about, but only that she has heard about infections that are transmitted through sexual contact.

Q. 1041: FILTER FOR EVER HAD SEXUAL INTERCOURSE

Q. 1042: FILTER FOR KNOWLEDGE OF STIs

Qs. 1043-1045: SEXUALLY TRANSMITTED INFECTIONS

We want to know if the respondent has had an STI (Q. 1043) or symptoms of an STI in the last 12 months. Symptoms of an STI include an abnormal discharge from the vagina (Q. 1044) or sores or ulcers around the vagina (Q. 1045).

Qs. 1046 and 1047: A WIFE CAN REFUSE SEX AND INSIST ON CONDOM

Both questions are asked of all respondents, regardless of whether or not they themselves are married. The questions ask for the respondent's opinion as to what married women should do in various hypothetical situations.

For Q. 1046, the respondent is asked to imagine a situation in which a wife knows her husband has a disease that can be transmitted through sexual contact. Q. 1046 tries to find out whether, in the respondent's opinion, it is justified for a wife to insist that her husband wear a condom when she knows he has an infection that could be transmitted through sexual intercourse.

Q. 1047 asks the respondent to say whether or not she thinks the wife has a right to refuse to have sex with her husband in another imaginary situation: if a wife knows that her husband has sex with other women.

Q. 1048: FILTER FOR CURRENT MARITAL STATUS

Qs. 1049 and 1050: PERSONAL ABILITY TO NEGOTIATE SEX WITH HUSBAND

The previous questions (Qs. 1046 and 1047) were about women in general. Now we are asking currently married/cohabiting women about their own personal situations with their husbands or partners. In Q. 1049 we are asking the respondent whether she feels she can say no to her partner if she does not want to have sex with him at that time.

In Q. 1050 we are asking the respondent if she feels she could ask her husband or partner to wear a condom if she wants him to.

L. Section 11: Other Health Issues

Q. 1101 and 1102: DISTANCE TO THE NEAREST HEALTHCARE FACILITY

In Q. 1101, ask how many minutes it takes the respondent to go from her home to the nearest healthcare facility, regardless of the type of facility or whether or not it is the facility she usually goes to.

In Q. 1102, ask how she travels to the facility. If she uses more than one type of transport, choose the method highest on the list. If she says that the nearest facility is not one she ordinarily goes to, ask her if she were hypothetically to go to this facility which transportation method she would use.

Example: Mariam says it takes her 90 minutes to get to the nearest health post. She gets there by walking to the nearest bus stop and then taking a public bus.

Record '090' in Q. 1101 and select PUBLIC BUS (Code '02') because PUBLIC BUS is higher on the list than WALKING (Code '08').

Q. 1103: BREAST CANCER CHECK

Breast cancer checks include clinical breast exams and mammograms. During a clinical breast exam, a healthcare worker checks the breasts' appearance and uses the pads of his or her fingers to check the breast, underarm, and collarbone area for any lumps or abnormalities. A mammogram is an x-ray that allows breast tissues to be examined for any suspicious areas. Select YES if the respondent says she has had either type of breast cancer check by a doctor or other healthcare provider.

Qs. 1104 and 1105: EVER TESTED FOR CERVICAL CANCER

The cervix connects the uterus (womb) to the vagina (birth canal). A woman may not know that she has cervical cancer, but tests can be done to detect cervical cancer. These tests are called Pap smears, HPV tests, or VIA tests.

Pap smears and HPV (human papilloma virus) tests: While a woman is lying down on her back with her legs apart, a healthcare provider puts a small wooden or plastic stick (a swab), or a small brush, inside the vagina (birth canal) to wipe the cervix in order to collect a sample. The sample is then sent to a laboratory for testing.

VIA test (visual inspection with acetic acid): For this test, also called a vinegar test, a healthcare worker puts vinegar on the cervix and then visually inspects the cervix for changes that would be indicative of cervical cancer.

Q. 1104 explains the cervical cancer tests. Read the entire statement carefully then ask Q. 1105.

HYPERTENSION (Qs. 1105A-1105E)

Qs. 1105A-1105E ask about hypertension, also known as high blood pressure. Hypertension is a chronic medical condition in which the force of the blood against the artery walls is high enough that it can cause health problems. Damage to the artery walls may occur even without the person being aware they have hypertension. A person may even have hypertension for many years without being aware of the condition.

Q. 1105A: EVER HAD BLOOD PRESSURE MEASURED

Q. 1105A asks if the respondent has ever had their blood pressure measured. Usually blood pressure is measured with a cuff around the upper arm, but sometimes can be done with a cuff around the wrist. The cuff is inflated with air until it is tight and then slowly deflated.

Qs. 1105B and 1105C: HYPERTENSION

Q. 1105B asks if the respondent has ever been told by a doctor or other health professional that they have high blood pressure or hypertension. If the respondent has ever been told, ask Q. 1105C, have they been told by a doctor or other health worker in the last 12 months they have high blood pressure or hypertension.

Qs. 1105D and 1105E: MEDICATION FOR HYPERTENSION

Q. 1105D asks respondents who have been told they have high blood pressure whether a doctor or other health worker has prescribed medication for their condition. Q. 1105E asks respondents who have been told they have high blood pressure whether they are taking medication for the condition – the question is asked regardless of whether or not a health worker prescribed the medication (the response to Q. 1105D may have been YES or NO).

DIABETES (Qs. 1105F-1105J)

Qs. 1105F-1105G ask about diabetes, also known as high blood sugar. Glucose (sugar) is important for the body to use as energy but in people with diabetes, the body cannot use glucose in the correct way and too much glucose remains in the blood, which can lead to serious health problems.

Qs. 1105F-1105J are very similar to Qs. 1105A-1105E except they ask about high blood sugar (diabetes).

Qs. 1106 and 1107: SMOKING CIGARETTES

In Q. 1106, ask the respondent how often she currently smokes cigarettes. The cigarettes may be manufactured or hand rolled. Other forms of tobacco use will be addressed in Qs. 1108 and 1109.

In Q. 1107, for those women who smoke cigarettes every day, record the number of cigarettes she smokes on a usual day. For numbers less than 10, remember to fill in the first box with ‘0.’

Qs. 1108 and 1109: SMOKING OR USING OTHER TYPES OF TOBACCO

These two questions are designed to find out about the use of other types of tobacco besides cigarettes (such as cigars, snuff, or chewing tobacco).

Q.1109A: E-CIGARETTES

This question asks about the use of electronic cigarettes (e-cigarettes) or vape pens. If she currently uses e-cigarettes or vapes, regardless of how often, her response should be recorded as a yes.

Qs. 1110-1112: ALCOHOL USE

In Q. 1110, ask the respondent if she ever drank alcohol. Alcoholic drinks include beer, wine, spirits, fermented cider, punch, mixed drinks, kachasu and chibuku. If the respondent says she doesn’t currently drink any alcohol, ask if she have ever drank alcohol at any point in the past. If the respondent says NO, skip to Q. 1113.

For respondents that have ever consumed alcohol, ask Q. 1111 to determine how many days in the last month they had an alcoholic drink and record their answer in the space provided. If they did not drink

alcohol in the last month, select code '00' and skip to Q. 1113. If she says she drank most days, select code '95' for EVERY DAY/ALMOST EVERY DAY.

In Q. 1112, ask the respondent on the days when she drank alcohol, how many drinks she usually had per day. A standard drink is the amount of alcohol contained in standard glasses of beer, wine, and spirits. Use the showcard to show the respondent pictures of sizes of standard drinks. If the respondent indicates she only had had less than one standard drink (for example, a few sips of beer) select code '00' for LESS THAN ONE STANDARD DRINK.

Q. 1113: PROBLEM IN GETTING MEDICAL TREATMENT

In this question, we are trying to understand the hurdles women generally face in accessing healthcare for themselves. Make sure that the woman understands that this question refers to medical care for the respondent herself, since previous questions asked about treatment for her children.

Read out each item and select the answer given before asking the next item. The phrase "When you are sick" in this question does not refer to any one specific episode of illness but to the typical scenario given the respondent's present circumstances. Consequently, if a woman says she cannot answer the question because she has not been sick, you must help her understand that for her the question is hypothetical and relates to the type of problems she might experience if she were to be sick.

"Getting permission to go" means someone's permission is necessary for her to go and get the care. It does not matter who this person is (e.g., father, husband, or mother-in-law). Select '2' for NOT A BIG PROBLEM in the case where she does not need anyone's permission, as well as the case where she says, for example, she needs her mother-in-law's permission but that this is never a big problem. "Getting money needed for treatment" includes money for actual treatment and/or for medicines. "Not wanting to go alone" refers to a situation where the woman says not wanting to go alone if she is sick is a big problem.

Qs. 1114 and 1115: HEALTH INSURANCE

Q. 1114 seeks information about whether the respondent has any health insurance that helps to cover the cost of healthcare when she needs it. The health insurance may be through a mutual or community-based program, a national public insurance scheme (e.g. NHIMA), a plan offered by an employer (either that of the respondent or of another family member) or a private policy purchased from a commercial provider. Record YES in Q. 1114 if the respondent participates in any health insurance scheme and, in Q. 1115, identify all of the types of insurance plans by which she is covered. e.g. If the respondent mentions that they are covered by Madison Health Insurance, for example, probe to find out if it is provided by the employer or purchased by themselves. If it is provided by the employer, select option B (Health Insurance through employer). If it was self-purchased, select option D (Commercial Health Insurance). However, if the respondent mentions NHIMA select option C (National public insurance scheme), regardless of whether it is provided by the employer or self-purchased.

M. Section F: Fistula

Qs. F1-F12: FISTULA

Fistula is a condition that causes a woman to uncontrollably leak urine and/or stool. The leaking is caused by injury severe enough to restrict normal blood flow in the pelvic area, causing the soft tissue to die and leave holes (known as fistulae) between the woman's vagina and her bladder or rectum. Fistula can result from long and difficult childbirth, or other events such as sexual assault or abdominal surgery. Fistula never goes away without surgical repair by a doctor. Women suffering from fistula are often rejected by their family or community.

Q. F1: CURRENTLY HAS A FISTULA

Q. F1 asks whether the respondent is experiencing constant leakage of urine or stool. Because of the shame that often accompanies the condition, a respondent may be reluctant to admit if she has or has had fistula. The question must be asked with care.

Q. F2: EVER HAD A FISTULA

Among respondents who are not currently experiencing leakage, you will ask whether the respondent has ever experienced a constant leakage of urine or stool. If she has, you will skip to Q. F4 to learn more about her experience with fistula. If she has not ever experienced leakage, she will be asked Q. F3, whether she has ever heard of it/ fistula before.

Qs. F4-F6: CAUSE OF FISTULA

Since prolonged labor can cause fistula, in Q. F4 you will ask whether the problem occurred after she gave birth to a child or had a stillbirth, and if it did, whether the labor and delivery were normal or very difficult. If the condition was not associated with delivery, in Q. F6 you will ask the respondent's opinion as to what caused the fistula.

Q. F7: DAYS TO ONSET OF LEAKAGE

Q. F7 elicits how many days passed between the time the event causing the fistula occurred, and when the leaking started.

Qs. F8-F10: TREATMENT

Q. F8 asks if the respondent has sought treatment for her condition. If the respondent did not seek treatment, you will ask in Q. F9 why she did not seek treatment. If the respondent states more than one reason, record all reasons given. If the respondent did seek treatment, you will ask in Q. F10 who she went to for treatment. Notice that Qs. F8-F10 are not asking whether any treatment was provided, only whether or not she sought treatment.

Qs. F11 and F12: OPERATION

Among respondents who did seek treatment, you will ask in Q. F11 whether the respondent had an operation to fix the problem; the operation would be to close the fistula. Q. F12 asks if the operation fixed the problem. If the respondent reports that the operation fixed the fistula, record 1. Notice that you will ask Q. F12 of respondents who had an operation and of respondents who did not have an operation.

N. Section MM: Adult and Maternal Mortality

Q. MM01: INTRODUCTORY QUESTION

Begin the section by informing the respondent that we would like to record the names of all of her brothers and sisters. Read the question slowly so the respondent will understand that you are asking her to list **ALL** children born to her natural mother. This includes brothers and sisters of the respondent who may live elsewhere and those who have died. Also included are brothers and sisters who were born to her mother, but are not the natural children of her father (they have same mother, different father).

As your respondent lists the names, write them down as reported by her. She can give the names in any order. However, it does make entry into the CAPI system a little easier if you get the order first before you enter. Do not include the respondent in the list.

Do not fill in the order number yet, more detailed instructions on how to complete the order number are provided in Q. MM10.

Q. MM02: FILTER FOR NO BROTHERS AND SISTERS

Check the answers in Q. MM01. If the respondent had one or more brothers or sisters listed, continue with Q. MM03. If the respondent had no brothers or sisters listed, go to Q. MM04.

Q. MM03: CHECKING NAMES OF BROTHERS AND SISTERS

When you have listed all the names, you want to be certain you have included all the brothers and sisters of the respondent who were also born to her natural mother before continuing with the rest of the module. **To do this, read the names of all the brothers and sisters aloud and after the last one ask question Q. MM03.**

If the answer is YES, go back to Q. MM01 and add names to the list before continuing to Q. MM04. If the answer is NO, go to Q. MM04.

Q. MM04: ANY BROTHERS AND SISTERS LIVING ELSEWHERE

This question refers to the respondent's brothers and sisters who are alive but do not live with her or she does not see very often. For example, the brothers or sisters may have been raised separately, or are living in another town or country.

If the answer is YES, go back to Q. MM01 and add names to the list before continuing to Q. MM05. If the answer is NO, go to Q. MM05.

Q. MM05: ANY BROTHERS AND SISTERS WHO DIED

This question refers to the respondent's brothers and sisters who have died. Some respondents may fail to mention a brother or sister who died at a very young age, so if a respondent answers NO, it is important to probe by asking, "Any brother or sister who died at a very young age?"

If the answer is YES, go back to Q. MM01 and add names to the list before continuing to Q. MM06. If the answer is NO, go to Q. MM06.

Q. MM06: ANY HALF BROTHERS AND SISTERS

This question refers to the respondent's half-brothers/sisters who have the same mother as the respondent, but a different father.

If the answer is YES, go back to Q. MM01 and add names to the list before continuing to Q. MM07. If the answer is NO, go to Q. MM07.

Q. MM07: TOTAL BROTHERS AND SISTERS

Add up the number of brothers and sisters in Q. MM01 and enter the total in Q. MM07.

Q. MM08: CHECKING TOTAL WITH RESPONDENT

Place the answer to Q. MM07 in the blank space in Q. MM08 and then ask the respondent whether the total is correct. When asking the question, emphasize the words "excluding you."

If she says NO, check the box NO and then return to Q. MM01 to check with the respondent whether you have obtained the information correctly. Once you have made sure the total number of brothers and sisters is correct, draw two lines through the "NO" box in Q. MM08 (because it's no longer true), and then mark the "YES" box and proceed with Q. MM09.

Q. MM09: FILTER FOR BROTHERS AND SISTERS.

Check the answer in Q. MM07. If the respondent had one or more brothers or sisters, continue with Q. MM10. If the respondent had no brothers or sisters, go to the Next Section.

Q. MM10: ORDER NUMBER

At this point, go back to Q. MM01 to ask the order number for all brothers and sisters. Record 01 as the order number for the brother/sister born first, 02 for the brother/sister born second, and so on until you have recorded the order number of all the brothers and sisters.

You will not include the respondent in the birth order.

Once you have established the order number of all brothers and sisters, go to Q. MM11.

Q. MM11: NUMBER OF PREVIOUS BIRTHS

Record how many brothers and sisters from the same mother are older than the respondent herself, that is, those born before the respondent. By comparing the age of the respondent with that of her brothers and sisters we can verify that the order of the brothers and sisters is correct.

Q. MM13: NAME OF BROTHERS AND SISTERS

Record at the top of the columns the name of each brother/sister of the respondent according to the order number in Q. MM01. Do not include the respondent in a column. Indicate the respondent's place among the siblings by drawing an 'X' in Q. MM13 on the vertical line that separates the two columns between two siblings.

When the list is complete, you will ask the questions in this section for one sibling before asking about the brother or sister in the next column. Reference the brother or sister by mentioning his/her name.

If the respondent has more than 12 brothers or sisters born to the same mother, take a second Woman's Questionnaire, fill in the information on the cover page, and write CONTINUATION on

the top. In this second questionnaire, re-number the column numbers in Q. MM13 to (13), (14), etc. and record the additional information about the other siblings.

Q. MM14: SEX OF BROTHER OR SISTER

Always confirm the sex of a person before recording it in Q. MM14 since there are many names that may be given to either a male or female.

Q. MM15: SURVIVAL STATUS OF BROTHER OR SISTER

If a brother or sister died (Q. MM15 is NO) go to Q. MM17. If the respondent does not know if the brother or sister is still alive, circle '8' and go to the next column (if there are other brothers and sisters).

Q. MM16: AGE OF BROTHER OR SISTER

If the brother or sister is alive, you must record his/her age at the last birthday. If the respondent doesn't know, probe until you get an estimate. A good probe is to ask how many years the brother or sister is younger or older than the respondent.

The ages of sisters who are still alive are used for calculating the years of exposure for estimating maternal mortality rates. After recording the response, go to the next column (if there are other brothers or sisters).

Q. MM17: NUMBER OF YEARS THAT HAVE PASSED SINCE THE DEATH

This question and others that follow refer only to brothers and sisters who have died. Ask how many years ago the brother or sister died. If the respondent does not know, ask her the year of death and calculate to determine the number of years since the death of the brother or sister. You must at least get an estimate.

Q. MM18: AGE AT DEATH

Age at the time of death is very important information. Make a maximum effort to obtain the response. This information is more important for sisters than for brothers because the age will determine which skip instruction you follow; whether to ask questions Q. MM19-MM22 or whether to skip to Q. MM23.

If a brother of any age or a sister younger than 12 years of age died, then go to Q. MM23. If a sister older than 12 years of age died, continue with the next question (Q. MM19).

Q. MM19-MM21: PREGNANT OR GIVING BIRTH WHEN DIED

These questions are asked only for sisters who died at the age of 12 or older. The objective of these questions is to detect cases of maternal mortality. Maternal mortality may happen during pregnancy, during delivery, or during the end of a pregnancy (abortion or still birth) or even during the two months after the end of a pregnancy.

Q. MM22: NUMBER OF DAYS WHEN DIED

Death occurring within a specified number of days after pregnancy or childbirth is important in order to detect cases of maternal mortality. For all sisters who have died within two months after the end of a pregnancy or childbirth (YES to Q. MM21), you must record number of days in Q. MM22.

Obtaining accurate data is difficult; probe and enter number of days even if it is only a best estimate. If the respondent answers in weeks, and probing does not produce an estimate in days, convert the number of weeks to days by multiplying by 7. For example, if after probing the respondent can only report that it was 3 weeks and does not know exactly how many days, you will record 3 weeks as 21 days.

Q. MM23-MM24: DEATH DUE TO VIOLENCE OR ACCIDENT

The objectives of these two questions are to distinguish maternal deaths from other causes, and to determine whether any of the deaths reported in the table, other than the maternal deaths, were due to an act of violence or accident.

Notes for the Adult and Maternal Mortality Section:

- 1) The number of columns filled must be equal to the number of siblings listed in Q. MM01 and the total number of brothers and sisters recorded in Q. MM07.
- 2) Indicate the respondent's position in the table by marking an 'X' between the two columns of the sibling that is older and younger than the respondent (this is where the respondent falls in the order of siblings). The number of columns preceding the 'X' must be equal to the number recorded in Q. MM11.
- 3) If you add Q. MM17 (number of years since the death) and Q. MM18 (age at death), this gives the age the brother or sister would have been today if he/she were still alive. This calculation can be made to check that the brothers and sisters were recorded in the right order.
- 4) If in Q. MM18 (age at death), the respondent tells you she doesn't know, persist to obtain an estimate. It is preferable to obtain an approximate age than no age at all. However, if the brother or sister died when he/she was still very young, record '00' for age.
- 5) Compare the age of the brothers/sisters. Suppose a woman has a first child at the age of 15 and the last at the age of 47, which is an extreme case, the range between the age of the youngest brother or sister and the eldest brother/sister cannot exceed $47-15 = 32$ years.

Cross check to see if the interval between brothers/sisters is very long (5 years and above). If there is a long interval between births, be sure that the respondent has not forgotten to mention a brother or sister.

O. Section MTH: Mental Health Module

The aim of this section is to collect sensitive information about the mental health and well-being of respondents in settings with very limited data in these topic areas. The module is focused on understanding people's direct experiences of symptoms of anxiety, depression, suicidality, and related help-seeking behavior, diagnosis, and treatment.

The Mental Health Module consists of 4 sections as follows:

- Section 1: Anxiety
- Section 2: Depression and suicidality
- Section 3: Help-Seeking Behavior, Diagnosis, and Treatment
- Section 4: Referrals for Mental Health Services

Ensuring privacy: Much of the information provided by respondents will be extremely personal. The act of revealing details on personal experiences of symptoms of anxiety or depression to someone outside the family can be very emotional. This may very well be the first time that respondents may be asked these types of questions about mental health. Or, going further, this may be the first time that respondents may share their experiences regarding mental health to anyone.

For these reasons above, it is critical to maintain the confidentiality of information collected during the Mental Health Module interview. Most respondents may display their emotions and feelings during the interview and actively choose to proceed, after being given a moment to process their feelings and collect themselves to continue with the interview. Show empathy and compassion, including demonstrating non-verbal cues of understanding like nodding or showing other signs of compassion. Allow time for the respondent to gain composure should she/he become upset or start to cry, for example.

INTRODUCTORY STATEMENT

Begin by reading the introduction, being certain to emphasize that the time frame for the questions that follow is the last 2 weeks and that the interview is confidential. Keep your voice down to reduce the likelihood that others may overhear what you and the respondent are discussing. Do not proceed or continue with the interview if other people are present, including older children.

Section 1: Anxiety

Qs. GAD1-7 are based on the Generalized Anxiety Disorder (GAD-7) questionnaire. Anxiety is a mental health disorder that affects everyday situations through constant worrying, nervousness, and feelings that could interfere with the person's daily activities, relationships, or work.

Read the introductory statement in its entirety. The last sentence of the introduction provides four different response codes to characterize the frequency at which problems have occurred (NEVER; RARELY; OFTEN; ALWAYS).

For Q. GAD1-7, read the entire question before accepting an answer. If the respondent indicates that she/he had experienced the problem, record the most appropriate code. If necessary, remind the respondent of the different levels of frequency: "Over the last 2 weeks, how often have you been bothered by the following problems? Would you say never, rarely, often, always?"

Q. GAD1: Feeling nervous or anxious?

If you feel that the respondent is not clear on what you are asking, read the question again more slowly. If the respondent asks to clarify the terms, explain that nervous and anxious may mean that the respondent feels uneasy and unsure about an experience or situation.

Q. GAD2: Not being able to stop or control worrying?

This may mean that the respondent is unable to stop dwelling on thoughts or difficulties that cause distress. The respondent may be thinking constantly about an experience.

Q. GAD3: Worrying too much about different things?

Worrying too much may be when the respondent is overthinking a feeling, experience, or situation more than other feelings, experiences, or situations. These thoughts of worrying may largely consume [her/his] thoughts.

Q. GAD4: Trouble relaxing?

An example of someone having trouble relaxing is when she/he is reading a book, going for a walk, or watching television and is unable to feel calm while doing the activity.

Q. GAD5: Being so restless that it is hard to sit still?

The respondent may feel agitated and unsettled to the point where she/he cannot sit peacefully and with composure.

Q. GAD6: Becoming easily annoyed or irritable?

Becoming easily annoyed or irritable may refer to emotions or behaviors that lead the respondent to feel impatient, lose her/his temper, or feel as though experiences that typically feel normal are bothering her/him easily.

Q. GAD 7: Feeling afraid as if something awful might happen?

The respondent may feel afraid to the point where [she/he] thinks catastrophic thoughts that something bad might happen. She/He may feel uncomfortable with uncertain experiences or thoughts to the point of extreme.

Be careful with probing on each of these questions beyond what is being asked in the survey, as interpretation is subjective and could bias the results. If a respondent does not know the answer, you may repeat the question slowly and allow the respondent to reflect on the wording as is before answering. Try to avoid defining these terms (e.g. based on personal experiences) as wording has significant effects on study findings.

Respondents may not always give you an answer to Qs. GAD1-7 that match the response codes shown below. For example, a respondent may ask you, “What do you mean by ‘often’?” In this case, you should respond with “the symptom occurred often in the last 2 weeks but less frequently than always” If she/he gives you a quantitative answer such as, “It happened twice in the last 2 weeks,” then use the information below to correctly choose the appropriate code. For this specific example, you would record ‘1’ (RARELY) because the symptom that the respondent experience occurred twice in the last 2 weeks, so rarely days during the last 2 weeks. In contrast, if the respondent had said the problem had occurred previously, but not in the last 2 weeks, you would record ‘0’ (NEVER) because the reference period for the question is restricted to the last 2 weeks.

GAD (ANXIETY) RESPONSE CODES:

- **CODE '0' (NEVER) - THE PROBLEM NEVER OCCURRED DURING THE LAST 2 WEEKS.**

- CODE '1' (**RARELY**) - THE PROBLEM OCCURRED AT LEAST ONCE AND UP TO SEVERAL DAYS DURING THE LAST 2 WEEKS.
- CODE '2'(**OFTEN**) - THE PROBLEM OCCURRED OFTEN IN THE LAST 2 WEEKS, BUT LESS FREQUENTLY THAN "ALWAYS."
- CODE '3' (**ALWAYS**) - THE PROBLEM OCCURRED EVERY DAY OR ALMOST EVERY DAY DURING THE LAST 2 WEEKS.
- CODE '7' (**RF**) REFUSED TO ANSWER - Use this code as the last resort. If the respondent refused to answer, try to find out why. You may need to repeat the question more slowly and clearly, look around to check for the presence of family members and secure the privacy, reassure her/him about maintaining confidentiality, give her/him some time to collect herself/himself if she/he has displayed her/his emotions (e.g. tears, irritability) or signs of distress, and ask again.
- CODE '8' (**DK**) DON'T KNOW - It is possible that when the respondent does not understand the question, or is in a hurry, she/he would simply say, "Don't know," to finish that part of the interview. Probe further to collect the information.

Section 2: Depression

Qs. PHQ1-9 are based on the Patient Health Questionnaire (PHQ-9) and focus on depression. Depression is a mental health disorder that may affect daily activities through low moods, low levels of motivation, feelings of insecurity and worthlessness, and inability to do basic things that impact their relationships, work, and life. A person may experience some or all of these symptoms.

Read the introductory statement. Just like with the introduction to the GAD-7, the last sentence of the introduction provides four different response codes to characterize the frequency at which problems have occurred (NEVER; RARELY; OFTEN; ALWAYS).

Read out each question in its entirety and record the answer given after each symptom. If the respondent reports that [she/he] had experienced the symptom, record the most appropriate code.

Q. PHQ1: Little interest or pleasure in doing things?

Q. PHQ2: Feeling low or hopeless?

Q. PHQ3: Trouble falling asleep, staying asleep, or sleeping too much?

Q. PHQ4: Feeling tired or having little energy?

Q. PHQ5: Poor appetite or overeating?

Q. PHQ6: Feeling bad about yourself – or that you're a failure or have let yourself or your family down?

Q. PHQ7: Trouble concentrating on things you normally do, such as reading the newspaper or watching television?

Q. PHQ8: 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?

Q. PHQ9: Thoughts of hurting yourself in some way or that you would be better off not living anymore?

The response codes for Qs. PHQ1-9 are identical to those used for Qs. GAD1-7.

PHQ (DEPRESSION) RESPONSE CODES:

- CODE '0' (**NEVER**) - THE PROBLEM NEVER OCCURRED DURING THE LAST 2 WEEKS.
- CODE '1' (**RARELY**) - THE PROBLEM OCCURRED AT LEAST ONCE AND UP TO SEVERAL DAYS DURING THE LAST 2 WEEKS.
- CODE '2' (**OFTEN**) - THE PROBLEM OCCURRED OFTEN IN THE LAST 2 WEEKS, BUT LESS FREQUENTLY THAN "ALWAYS."
- CODE '3' (**ALWAYS**) - THE PROBLEM OCCURRED EVERY DAY OR ALMOST EVERY DAY DURING THE LAST 2 WEEKS.
- CODE '7' (**RF**) - REFUSED TO ANSWER. Use this code as the last resort. If the respondent refuses to answer a question, probe further to try and find out why. You may need to repeat the question more slowly and clearly, secure the privacy, reassure her/him about the confidentiality, give her/him some time to collect herself/himself if she/he feels distress, and ask again.
- CODE '8' (**DK**) - DON'T KNOW. It is possible that when the respondent does not understand the question, or feels in a hurry, [she/he] would simply answer, "Don't know," to finish the interview. Try to probe again to learn the answer.

Note: For Q. PHQ9 on suicide ideation, if the respondent responds that she/he had thoughts **once** during the past 2 weeks, it is critical that you record code '1' (RARELY) to ensure that this symptom of suicidal thoughts has been recorded.

Section 3: Help-Seeking Behavior, Diagnosis, and Treatment

Q. MTH1: FILTER ON WHETHER THE RESPONDENT PRESENTED ANY ANXIETY, AND DEPRESSION SYMPTOMS

Q. MTH2: EVER TRIED TO SEEK HELP

Respondents with any symptoms of anxiety or depression will be asked whether they have ever tried to seek help for their symptom(s).

Q. MTH3: PERSONS FROM WHOM HELP WAS SOUGHT

Through this question, we want to capture all persons from whom the respondent has sought help so be sure to ask the probe "Anyone else?"

Q. MTH4: DEPRESSION AND/OR ANXIETY DIAGNOSIS

Ask the respondent whether she/he has been diagnosed with depression and/or anxiety by a doctor or healthcare worker.

Q. MTH5: PRESCRIBED MEDICINE TO TREAT DEPRESSION AND/OR ANXIETY

Ask the respondent whether she/he has taken medicine that was prescribed by a doctor or healthcare worker for her/his diagnosed depression and/or anxiety *in the last 2 weeks*. We are aiming to collect information on recent treatment even if the respondent did not report any symptoms in Q. GAD1-7 or Q. PHQ1-9. If the respondent says she/he has been self-medicating or using traditional remedies, record no. For this question, we are only interested in use of prescribed medicines.

Section 4: Referrals for Mental Health Services

Q. MTH6: PHQ SCALE SCORE

The CAPI program will automatically sum the response codes in PHQ1-9 to determine the PHQ score.

Q. MTH7: FILTER FOR A REFERRAL CARD

This filter identifies respondents who should be referred for mental health services based on their responses to Qs. PHQ1-9. Any respondents who presents symptoms of suicidal ideation will be eligible for the referral card to a health provider for a follow-up consultation. The CAPI program will automatically identify respondents eligible for referral.

Q. MTH8: PROVIDE REFERRAL CARD/FORM

Read the statement and provide the respondent a referral card for mental health services.

P. Section DV: DOMESTIC VIOLENCE MODULE

This section asks a series of questions on household relationships and the treatment of women in the household. The questions in this section are extremely sensitive by their very nature. Your ability to build rapport with the respondent and the effort you make to ensure confidentiality and privacy as you ask these questions are key to building the respondent's trust in you, so that she can feel safe in sharing her very personal experiences with you.

When asking the questions in this section, speak clearly and be very considerate of the feelings of the respondent. Keep your voice low throughout the interview. You should avoid showing curiosity, surprise, or any other emotion, whether favorable or unfavorable. Be aware that these topics can be difficult for the respondent to address. She may be embarrassed or fearful of her husband/male partner or others, or she may just feel that these matters are too private to discuss. It is your job to win her trust so that she feels comfortable reporting such personal information to you.

To help with maintaining confidentiality, ONLY ONE woman per household will be randomly selected to be asked this set of questions.

DV00: FILTER FOR WOMAN'S ELIGIBILITY FOR INTERVIEW

The CAPI program will use this filter to check if the respondent you are interviewing has been pre-selected for this section of the questionnaire.

DV01: PRIVACY CHECK

DV01 is a very important instruction for you. Check your physical surroundings for the presence of others. Check both the area you are sitting in and all areas within hearing distance. Be sure that there is privacy in the sense that there are no persons anywhere near you who will be able to hear and understand your questions. If there are children within hearing distance old enough to understand your questions, ask them politely to leave. Only small infants not capable of understanding can remain. Do not proceed with the interview until you have ensured privacy. The importance of these data cannot be overemphasized, and you must do everything you can to obtain privacy before the interview can continue. If you are unable to ensure privacy you will be forced to skip the section and miss out some very important information.

If, despite your best efforts, you are unable to obtain privacy, you must record response code 2. The CAPI program will skip to DV37, and you will fill out an explanation of what happened.

If privacy has been obtained, record response code 1 and proceed with the interview.

DV02: INTRODUCTORY STATEMENT

The introductory sentences should be treated like an additional informed consent. The respondent should be reassured about the confidentiality of the information. If more than one woman in the household was eligible for the Woman's Questionnaire, you should informally explain to this respondent that no one else in the household is being asked this set of questions and that no one else will know what has been discussed in this section. After reading the introductory statement, answer any questions the respondent may have. Once the respondent has no more questions and/or does not object to your asking the questions, you should proceed with the interview.

DV03: FILTER FOR MARITAL STATUS

DV04 and DV05: CURRENTLY OR EVER IN AN INTIMATE RELATIONSHIP

DV04 and DV05 are asked to women who reported in Qs. 701 and 702 that they have never been married and they have never lived with a man as if they were married.

DV04 seeks to learn whether the respondent is currently in an intimate relationship with a man even though she is not living with him. Here, an intimate relationship is one in which a woman and a man have a relationship that involves physical and/or emotional intimacy and this relationship is not just a one-time, casual encounter. In this question, we are interested in intimate relationships that are either longer lasting and have been on-going for some time or those where the relationship may be relatively new but the expectation is that it will be longer lasting. However, if a respondent says she is in an intimate relationship but does not know how long it will last, it should still be counted as an intimate relationship. Note that we want to particularly exclude casual sexual encounters and other casual relationships here.

If in DV04 the respondent reports that she is not currently in an intimate relationship (RESPONSE CODE 2), you will ask DV05 that seeks to learn whether the respondent has ever been in an intimate relationship with a man.

Keep in mind that, for these two questions, the woman and the man don't have to be living together to be considered as being in an intimate relationship.

DV06 - DV18: RELATIONSHIP WITH HUSBAND/MALE PARTNER

DV06 through DV18 are for women who are currently married, living with a man as if married or in an intimate relationship with a man, as well as to women who were formerly married, lived with a man, or in an intimate relationship with a man.

DV06: CONTROLLING BEHAVIOR BY HUSBAND/MALE PARTNER

DV06A and DV06B focus on different types of controlling behaviors that may be demonstrated by the husband or male partner. For each item, read the item and then pause, giving the respondent enough time to give her answer. Do not force her to respond if she is unwilling. Remember to keep your voice calm and low.

First read the introductory statement then ask each item slowly and clearly and wait for a response. Note that the questions will be phrased automatically by the CAPI program according to the actual marital/relationship status of the respondent. For example, if a woman was formerly in an intimate relationship with a man, DV06A will be asked like this: "...Please tell me if these descriptions apply to your relationship with your last male partner. He was jealous or angry if you talked to other men?" If the respondent is currently married, you will instead ask: "...Please tell me if these descriptions apply to your relationship with your husband? He is jealous or angry if you talk to other men?"

If the answer to an item is YES record response code 1 and then ask question DV06B to determine how often the incident occurred in the 12 months preceding the day of the interview.

For DV06(f), technology includes anything that could be used to track a person's whereabouts, including cell phones, tablets, or smart watches. Some of these technologies have inbuilt GPS capabilities that allow for tracking a person's movements, but they may also be used to monitor the person through contacting them periodically (particularly when using video calls to 'prove' location).

The response codes for DV06B are OFTEN, SOMETIMES, and NOT IN THE LAST 12 MONTHS. Respondents may not always give you an answer in these terms. For example, a respondent may ask "What do you mean by 'often'?" In this case you should respond with "Whatever you yourself consider to be often." If she gives you a quantitative answer such as "It happened once or twice last year," then

use the following general guide: If it occurred 5 or more times, code it as OFTEN. If it occurred 1-4 times in the year, code it as SOMETIMES.

DV07A and DV07B: EMOTIONAL TREATMENT OF WOMEN BY THEIR HUSBAND OR MALE PARTNER

In these questions, we are interested in knowing whether the respondent has suffered any form of emotional abuse by her current husband/male partner if she is currently in a relationship (married, living with a man, or in an intimate relationship) or by her last husband/male partner if she was formerly in a relationship. The question has several different parts. As in question DV06, first read the introductory statement then ask each item slowly and clearly. Answering these questions could be particularly difficult for the respondent, so be patient. As with DV06, the wording of the question will depend on the actual marital/relationship status of the respondent and will automatically be determined by the CAPI program.

If the answer to an item is YES, record response code 1 and then ask question DV07B to determine how often the incident occurred in the preceding 12 months. Follow the same instructions as in DV06B for what to code as OFTEN and SOMETIMES.

In DV07A(a), we are trying to determine whether or not the respondent has felt humiliated because of something her husband/male partner said or did in front of others. The focus is on her feeling humiliated and that this humiliation occurred in front of others and not on what the husband said or did to humiliate her. For example, if a respondent says “He likes to scold me in front of guests and I feel really embarrassed and ashamed,” record 1 (YES) and ask question DV07B.

In DV07A(b) we want to know whether or not her husband/male partner has done something that made the respondent feel afraid for either herself or someone she cares about (such as her children, her mother, her friends, etc.). The type of harm threatened is not important here; rather the respondent’s own perception that there was a threat is important.

In DV07A(c), we want to know whether her husband/male partner has made her feel bad about herself by insulting her or by any other means. Examples include making her feel that she is no good at anything she does, she does not know how to behave, etc. Again, we are not interested in what he does or says, but whether the end result is that the respondent feels that she herself is just not good enough.

DV08A and DV08B: PHYSICAL TREATMENT OF WOMEN BY THEIR HUSBAND OR MALE PARTNER

DV08A and DV08B address physical and sexual violence perpetrated by the husband or male partner. Respondents may find these questions painful, and some respondents may get emotional or upset. If a respondent does lose her composure, be sympathetic and kind. Give the respondent a chance to recover before proceeding. Do not force the respondent to answer; at the same time, keep in mind that, no matter how painful, most respondents are willing to share this information if you are patient, nonjudgmental, and empathetic. As in the DV06 and DV07 questions, record response code 1 (YES) for an affirmative response to an item, and ask DV08B to determine frequency in the past 12 months.

Most items in DV08A are self-explanatory. Respondents might not see the distinction between items (h), (i), and (j). Item (h) asks about the use of physical force to have sexual intercourse, whereas, items (i) and (j) ask about the use of physical force (item i) and other non-physical means (item j) to force her to perform sexual acts she did not want to perform. We are not trying to find out what the sexual acts are: just whether the respondent was forced to do something sexual that she did not want to do. Remember that if a respondent says YES to an item on DV08A, she is asked DV08B.

DV09: FILTER FOR EVER EXPERIENCED PHYSICAL AND SEXUAL VIOLENCE BY A HUSBAND/PARTNER

DV09A: CHANGE SINCE THE COVID-19 PANDEMIC

This question seeks to understand since the start of the COVID-19 pandemic to now, have the situations reported changed in frequency – whether increased, decreased, or stayed the same.

DV10: INJURIES DUE TO VIOLENCE BY A HUSBAND/PARTNER

We are interested in knowing whether the respondent has been physically hurt as a result of some deliberate act by her husband or male partner. Anything that was a clear accident is not being counted. In DV10 (a), cuts refer to injuries in which the skin is broken and bruises and aches include injuries in which the skin has not been broken. DV10(b) refers to more serious injuries to the eyes, actual sprains, bones dislocated but not completely broken, and burns. Finally, DV10(c) refers to wounds which are not just small cuts but which are much more serious or broken bones and other more serious injuries.

DV11 and DV12: WOMAN’S BEHAVIOR TOWARD HUSBAND/MALE PARTNER

DV11 seeks to determine whether or not the respondent herself is ever an instigator of domestic violence. Read the question slowly so that the respondent hears all parts. This question is referring to any act by the respondent that would physically hurt the husband/male partner. However, it is asking about physical abuse by the respondent that took place when the husband/male partner was not already in the process of abusing her. All acts such as those asked about specifically in DV08 are included even though we are not listing them again separately. If the respondent says that she has never hit her husband/male partner, recode response code 2 for NO. Also recode response code 2 (NO) if the respondent says that she hit her husband/male partner but only after he had begun to beat her. If the respondent says “I hit him in self-defense,” probe to find out whether he was already beating her when she hit him or whether she hit him first. If she has never ever hit him first, record response code 2 (NO); if she has hit him first whether in self-defense or not, record response code 1 (YES).

DV12 is only for women who have said that they have tried to physically hurt their husband/male partner when he was not hitting them (code 1 in DV11). In DV12, we are interested in knowing the frequency with which the respondent has done these things to her husband/male partner within the last 12 months. The response should NOT include any time that the women hit or beat her husband/male partner when he was already beating or physically hurting her. Also see instructions for DV06B for what to code as OFTEN and SOMETIMES.

DV13 and DV14: HUSBAND’S/MALE PARTNER’S DRINKING

In DV13, we are interested in knowing whether or not the husband/male partner drinks alcoholic beverages. If the husband/male partner drinks alcohol, the response should be 1 (YES) regardless of the type of alcoholic beverage or the frequency of consumption.

DV14 is only asked of respondents whose husband/male partner drinks alcoholic beverages. In this question we are interested not in the frequency of drinking but of getting drunk—whatever it is that the respondent understands by ‘drunk’. If she asks you what you mean by being ‘drunk’, explain that a person is considered ‘drunk’ if he has had so much alcohol that he is not in complete control of himself.

DV15: FEAR OF HUSBAND/MALE PARTNER

This question is asked to women regardless of whether they have reported abuse or drinking by their current or last husband/male partner. It is again referring to the current husband/male partner for women

who are currently in a relationship (married, living with a man as if married or in intimate relationship) and the last (most recent) husband/male partner for those who were formerly in a relationship. The question is self-explanatory, and the respondent will have to choose between the three answer codes: “1” MOST OF THE TIME AFRAID, “2” SOMETIMES AFRAID or “3” NEVER AFRAID. Again, we are not interested in why she is/was afraid, but only whether she is/was afraid of her husband/male partner.

DV16A and DV16B: PHYSICAL, OR SEXUAL, OR EMOTIONAL ABUSE BY PREVIOUS HUSBAND AND OTHER CURRENT OR PREVIOUS MALE PARTNER

DV16 is asked to all women who are currently married, living with a man as if married, or in an intimate relationship with a man, as well as to women who were formerly married, lived with a man, or in an intimate relationship with a man, but applies to only the women who are in one or more of the following categories: (i) she has been married more than once; (ii) she has lived with more than one male partner; (iii) she has been in an intimate relationship with a man more than once; (iv) she is currently in an intimate relationship with more than one male partner. The problem is that, although we know from a respondent’s answer to Q.702 if she is in either category (i) or (ii), we do not know if she is in categories (iii) and (iv). Because of this reason, the way you will proceed for DV16 is different from how most questions are asked and coded.

First, read the introductory statement. After you have finished reading the statement, pause. The expectation is that if the respondent does not fall into any of the categories (i)-(iv) described above, she will say immediately that she has not ever been in a relationship with any other man. If the respondent has never had another husband or any other current or other previous male partner, then record response code 6 and proceed to DV17. Otherwise, proceed as you would to DV16A(a) and ask the question slowly and clearly.

DV16 asks the respondent if she has been subjected to a) physical, b) sexual, or c) emotional abuse from a previous husband or any other male partner and covers the same forms of abuse asked in DV07A and DV08A although it does not list each act separately.

For respondents who report abuse, DV16B asks how long ago each type of abuse occurred.

DV17: FILTER FOR SEXUAL ABUSE BY CURRENT OR PREVIOUS HUSBAND OR MALE PARTNER

DV18: AGE AT THE TIME OF FIRST OCCURANCE OF SEXUAL ABUSE

This question asks all respondents who report in DV08A (h-j) or DV16A (b), any sexual abuse by any current or previous husband or male partner, the age at which the sexual abuse first occurred. This question is asking about the respondent’s age at the time of the first occurrence of sexual abuse, regardless of who the first abuser was, a current or previous husband or male partner. Remember to record the age in completed years.

DV19: FILTER FOR CURRENT OR PAST PREGNANCIES

DV20 and DV21: ABUSE DURING PREGNANCY

DV20 is asked only of women who have ever been pregnant or are currently pregnant. We want to know if any physical violence has occurred during any pregnancy, current or past, regardless of the abuser. Any physical violence committed by a husband/male partner and reported in previous questions by the respondent and any other physical violence by someone else not yet reported is included here if occurred during pregnancy. For women who have been pregnant more than once, it does not matter

whether violence occurred in only one or more than one pregnancy. Code 1 in DV20 should be entered if violence occurred even in one pregnancy.

DV21 asks about the perpetrators of the violence during pregnancy. Multiple responses may be selected since more than one person may have abused the respondent during one or more pregnancies. Make sure to probe for additional responses. Note that here, boyfriends include also intimate partners.

DV21AA and DV21AB: ABUSE USING TECHNOLOGY

DV21AA and DV21AB ask about abuse using technology (via internet, mobile phone, social media platforms, etc), regardless of who the perpetrator may have been or whether the respondent herself owns a technological device or not. DV21AA and DV21AB are asked of all women, whether or not they have reported abuse by their current or last husband/male partner and whether or not they have ever been married or had a male partner. The abuse experienced may have been perpetrated by *anyone* and may have happened even if the respondent didn't directly use the technology themselves, such as if they accessed social media through a friend's phone. The way that these questions should be asked will follow the same approach as used for DV06, DC07 and DV08.

DV21AA asks whether the respondent has *ever* experienced while DV21AB asks about experiences *in the past 12 months*. four (4) items of possible experiences of abuse using technology, labeled a-d. Item (a) is asking the respondent about being publicly humiliated through technological means and (b) is asking about receiving threatening messages. For these questions, what is considered 'public humiliation' and 'threatening' depends entirely on the respondent's perception. In each case, it is not the content of the message or post that we want to know about, but how the respondent felt (humiliated or threatened, respectively). For items (c) and (d), what is important is that the sharing of sexual photos or videos on a technological device is done without the consent of the respondent.

First read the introductory statement and then ask each item slowly and clearly and wait for a response. If the answer to an item in DV21AA is YES, record response code 1 and then ask question DV21AB to determine how often the incident occurred in the 12 months preceding the day of the interview. If the answer to an item in DV21AA is NO, proceed to the next item. Please note that NO responses may include both those who have never used the forms of technology referred to in these questions and those who have used it, but never experienced any form of abuse.

The response codes for all four items in DV21AB are OFTEN, SOMETIMES, and NOT IN THE LAST 12 MONTHS. For each item, read the item and the response options, then pause, giving the respondent enough time to give her answer. As in DV06 – DV08, respondents may not always give you an answer in these terms. For example, a respondent may ask "What do you mean by 'often'?" In this case you should respond with "Whatever you yourself consider to be often." If she gives you a quantitative answer such as "It happened once or twice last year," then use the following general guide: If it occurred 5 or more times, code it as OFTEN. If it occurred 1-4 times in the year, code it as SOMETIMES.

DV21B: FILTER FOR ABUSE USING TECHNOLOGY IN THE PAST 12 MONTHS. If the response code for *all* items in DV21AA is 'NO' or *all* responses to DV21AB are 3, SKIP TO DV22. If any of the responses to DV21ABa-d are either 1 OR 2 ('OFTEN' OR 'SOMETIMES') them continue to DV21AB.

DV21B: FILTER FOR ABUSE USING TECHNOLOGY IN THE PAST 12 MONTHS

DV21C: PERPETRATORS OF ABUSE USING TECHNOLOGY

This question asks about the perpetrators of abuse using technology. It is asked of all women who reported experiencing at least one item in DV21A in the last 12 months (response codes 1 or 2 in DV21A_2. In DV21C, multiple responses may be selected since more than one person may have

abused the respondent in this way in the last 12 months. Make sure to probe for additional responses. Note that here, as in other similar questions, current boyfriend or former boyfriend should not be confused with current or former intimate partner. If the respondent is referring to her intimate partner code A or B depending on whether this is a current or past intimate partner. If the respondent does not know the identity of the person who abused them using technology, record response option S.

DV22: HISTORY OF ABUSE

This question is asked of all women, whether or not they have reported abuse by their current or last husband/male partner and whether or not they have ever been married or had a male partner.

The information in Q. 701, Q. 702, DV04, and DV05 will be used by the CAPI program to determine how to properly ask this question. The wording of the question will vary depending on the respondent's marital and intimate partner status.

For women who have ever been married, ever lived with a man, or ever had an intimate male partner: All these women have already been asked about husband/male partner abuse in earlier questions. In this question, they are being asked about their experience of physical abuse since they were age 15 by any person other than their current or any previous husband/male partner. For example, an ever-married woman could have been abused by one of her parents or her in-laws or a teacher.

For women who have never been married, who have never lived with a man, and who have never had an intimate male partner: In this question, they are being asked about their experience of physical abuse since they were age 15 by any person.

For both sets of women, read the question slowly, pausing briefly after each type of violent act mentioned. For women who have ever been married and those who have had a male partner, make sure they understand that the question excludes violence by a husband/male partner.

DV23: ABUSER INFORMATION

This question seeks to find out who, other than the respondent's current/last husband/male partner, has physically hurt the respondent. Select all those persons the respondent mentions. If she mentions someone who has not been listed, select response code X and specify who it is. More than one answer is acceptable. Note that current and former boyfriends are permitted as answer codes because not all boyfriends are intimate partners and some women could have been abused by a boyfriend who was not an intimate partner. However, before you select either 'F' or 'G', be sure to remind the respondent that you are asking about the relationship at the time of the violence.

DV24: RECENT ABUSE

This question seeks to find out how often the person or the persons whose code is selected in DV23 has physically hurt the respondent in the last 12 months. If more than one code is selected in DV23, then you must find out the frequency with which this occurred in the past 12 months, irrespective of which of the persons mentioned in DV23 was doing it. So, if a respondent said that both her step-mother and step-father beat her, find out whether, in total, she was beaten often, sometimes, or never in the past year. Select the appropriate code.

DV25: FILTER FOR CURRENT OR PAST HUSBAND OR INTIMATE PARTNER

DV26 – DV30: HISTORY OF FORCED SEX AND SEXUAL ACTS

Questions DV26 and DV27 are trying to find out whether the respondent has a history of forced sexual intercourse or sexual acts. No definition of force is being given here—force can include physical force, emotional force or anything else that the respondent considers as force, such as threats to her or her children, etc. What is important is that the respondent believes that she was being forced to have sex or perform sexual acts when she did not want to.

DV26 and DV27 are essentially the same question but are worded somewhat differently according to the marital status of the respondent. DV26 is asked to respondents who are ever married, have ever lived with a partner, or have ever had an intimate partner and DV27 is asked if the respondent has never been married and never had a male partner with whom they lived or were intimate. These questions are very important but difficult. There are three different things that you have to keep in mind when asking either of these questions:

1. The questions are asking not only about sexual intercourse, but also about being forced to do anything sexual. Sexual violence does not always take the form of sexual intercourse. Thus, a woman who has said she has never had sexual intercourse may have been forced to perform other sexual acts against her will which would also be considered sexual violence.
2. The questions are also trying to capture sexual violence that may have occurred when the respondent was a child and not just in the recent past. Childhood sexual abuse is very difficult to capture and respondents may find it difficult to talk about those experiences.
3. The term ‘forced in any way’ is included with the idea that, especially in childhood abuse, the force can take many different forms. For example, it may be in the form of emotional blackmail where the abusing adult may be using the threat of withdrawing their love from the child.
4. Finally, if the respondent seems nervous or looks worried, you must assure her again about the confidentiality of the information she is giving you. Tell her again that anything she says will not be told to anyone and no one will know that she was asked these questions.

DV26 is *for women who have ever been married/ever lived with a man/ever had an intimate male partner*: these respondents have already been asked about husband/male partner sexual abuse in earlier questions. In this question, they are being asked about sexual abuse by any person other than their current or previous husband/male partner. They are being asked to report their experience of any kind of sexual abuse ever in their lifetime, including both childhood and adulthood. DV27 is *for women who have never been married, lived with a man or had an intimate male partner*.

Given the complexity of what DV26 and DV27 are asking and the extreme delicacy of these questions, be careful to word them exactly as is given for both sets of women. Read the questions slowly and let the respondent take her time to answer.

Question DV28 asks all respondents who report in DV26 and DV27 that they have a history of forced sexual intercourse or sexual acts, the age at which sexual abuse first occurred. This question is asking about the respondent’s age at the time of the first occurrence of sexual abuse, regardless of who the person was who abused her first.

The wording of DV28 depends on the respondent’s marital and intimate partner status. The information provided by Q. 701, Q. 702, DV04, and DV05 will be used by the CAPI program to determine how to select the appropriate wording.

For women who have ever been married, ever lived with a man, or ever had an intimate male partner: these women have already been asked about their age at first husband/male-partner-abuse in earlier questions. In this question, they are being asked how old they were the first time they were sexually abused by any person other than their husband/male partner. *For women who have never been married, who have never lived with a man, and who have never had an intimate male partner*, this is the first time you are the age at which abuse occurred. Remember to record the age in completed years.

In DV29, all respondents who say YES to DV26 or DV27 are asked who the person was who forced them to have sexual intercourse or perform any other sexual acts that they did not want to. Note that more than one answer is acceptable. Select all those persons the respondent mentions. If she mentions someone who has not been listed, select response code X and specify who it is.

For women who are ever-married or have ever-lived with a man or ever had an intimate male partner, remember that the question is asking women about sexual abuse by men who are not their current husband/male partner or former husband/male partner. Note that current and former boyfriends are permitted as answer codes because some women may say that the person who abused them was their boyfriend but was not their intimate male partner at the time of the abuse. However, before you select either 'D' or 'E', be sure to remind the respondent that you are asking about the relationship at the time of the abuse.

In DV30, respondents are asking about the timing of the sexual abuse they reported in DV26 or DV27. The wording of the question will be determined by the CAPI program depending on whether the respondent has ever been married or ever had a male partner or not.

DV31: FILTER FOR ANY PHYSICAL OR SEXUAL ABUSE

DV32-DV34: HELP SEEKING

DV32 refers to any kind of help that the respondent may have sought for the abuse. She could have asked her own family or gone to the police, for example. The nature of the help being sought is not important, but only whether she ever sought help. If she did seek help, record all the persons/types of people or organizations she sought help from in DV33.

Note that in DV33 multiple responses may be selected. Make sure to probe for more responses.

DV34 will be asked only of women who reported that they did not seek help for the abuse from anyone. With this question, we want to know if they have at least told someone about the abuse.

DV35: RESPONDENT'S FATHER AND MOTHER

In this question we are interested in knowing whether the respondent's mother ever experienced spousal violence. All women are asked this question even if they have not experienced violence themselves. Record response code 8 if the respondent really does not know if her father beat her mother.

DV36: OBSERVATIONS

DV36 provides information on the extent of privacy maintained during the interview. This is not a question for the respondent, but something you answer yourself. Provide an answer for each person listed in DV36 to indicate whether or not the interview was interrupted by the respondent's husband/male partner, another male adult, or a female adult. We are interested here in knowing which persons interrupted the interview and how frequently. If the husband walked through the room once and later came in to ask the respondent a question, record response code 2 for YES, MORE THAN ONCE. Such interruptions may influence the respondent's answers. If the husband did not interrupt or the respondent does not have a husband, enter code 3 for NO for HUSBAND. Remember, in no circumstances should you have continued the interview if there was anyone present who could have heard your questions or the respondent's answers.

DV37: COMMENTS/EXPLANATION

If the interview could not be completed use this space to give a complete explanation. There could be many reasons, for example, the respondent refused this section or privacy could not be obtained. If the reason is that you were unable to obtain privacy, you must explain why you were unable to obtain privacy. If you were able to complete the interview, give any information in this space that might help to interpret the results. Also note any factors that may have influenced the respondent's answers.

Remember to thank the respondent for her cooperation and reassure her of the confidentiality of her responses.

If the respondent has asked about sources of help or referrals, this is the time when you should provide this information to her as you have been trained to do.

DV. 38: TIME INTERVIEW ENDED

The CAPI system will automatically record the time the interview was finished. If there was an extended break during the interview time (for example, the respondent excused herself to care for a sick child and returned to complete the interview 45 minutes later), make a note to report how long a break was taken in the Interviewer's Observations section.

Be sure to thank the respondent for her cooperation. Also, inform the respondent that a biomarker technician will be coming to her household to weigh and measure the height of the respondent (and her young children) and conduct a test for anemia [and SPECIFY OTHER FIELD OR LAB-BASED TESTS]. If she has any simple, general questions about the measurements, you can answer them, but tell her that the biomarker technician will explain the measurements in more detail and will answer her questions.

Q. Calendar

GENERAL DESCRIPTION OF THE CALENDAR

Note: completion of the calendar in the CAPI program will be described in the CAPI portion of this training. However, conceptually, it is useful to understand how to complete the calendar in a paper questionnaire. For this reason, you will receive training on the paper questionnaire version of the calendar.

In a paper questionnaire, the calendar is located at the end of the Woman's Questionnaire. It is called a "calendar" because it is where you will record information about the timing of recent events in the respondent's life. The calendar is "recent" in that only events occurring in the year of the survey plus the five full calendar years preceding the current year are included.¹

From the top of the page to the bottom, the calendar includes 72 boxes (each box representing one month of time) divided into six sections (each representing one year or 12 months of time) in which to record information about the woman's experiences with childbearing and contraceptive use. From left to right, there are two columns:

- Column (1): Live births, pregnancies, and contraceptive use
- Column (2): Reason for discontinuing contraceptive use

Earlier in the manual, procedures for completing the calendar were described briefly. In this section, we discuss in much more detail the methods by which you are going to fill in the calendar. But before we proceed, a couple of points need to be understood:

- 1) You may at this point ask, "What and where are the questions that I am supposed to ask that will allow me to complete the calendar?" First, the calendar is completed at the same time that the Woman's Questionnaire is completed. All of the information you need to complete the calendar is drawn directly from the responses to questions in Sections 2 (Reproduction) and 3 (Contraception). These questions have a large 'C' in them to help you identify questions related to the calendar.

Second, the calendar will give you a visual "snapshot" of the woman's last five or six years of life that will help you to ask probing questions as necessary to improve the accuracy of the information. The calendar is built in a series of steps. At each step, you can and should determine whether or not a woman's response is consistent with previous responses and

¹ The calendar should cover the survey year up to the last month of fieldwork, plus the full five calendar years prior to the survey year. For surveys fielded in 2023, the calendar begins with the year 2018, and for fieldwork beginning in 2024, the years should be adjusted.

where to place the event in relation to other events. For example, if there have been 12 months between the birth of Baby A and the beginning of the pregnancy resulting in Baby B, you can easily see in the calendar that these 12 months need to be accounted for in terms of use or nonuse of a contraceptive method.

There are many ways to get this information, and the calendar allows you to be innovative in obtaining the responses you need to completely fill in the calendar with the correct codes. Simply bear in mind that there may well be more than one correct way to “build” the calendar.

- 2) Whereas interviewing procedures may be flexible, the method of recording information on the calendar is not. Only certain codes (shown to the left of the calendar) are acceptable for use in the calendar. You need to translate the woman’s responses to codes. Only one code may appear in each box.

Column (1): LIVE BIRTHS, PREGNANCIES, AND CONTRACEPTIVE USE

The calendar provides a record of the timing of all live births, pregnancies and periods of contraceptive use. **Every month in column (1) of the calendar up to the month of interview must be accounted for, i.e., filled in with a code.**

The following describes the codes used in recording information in the calendar:

Q. 231: Pregnancies ending in live births and non-live births. The first entry in the calendar will be made after you have completed and checked the responses in the pregnancy history (Qs. 214-228). As Q. 231 instructs, for each live birth in 2018-2023, you will place a ‘B’ in the month of birth and a ‘P’ in each of the preceding months according to the duration of the pregnancy (Q.221). The number of months in which ‘P’s are recorded prior to the month ‘B’ must be one less than the total number of months the woman reports she was pregnant.

Example: A respondent gave birth in September 2016. She reported that the baby was full-term (i.e., she completed 9 months of pregnancy before giving birth). For this birth, enter a ‘B’ in September 2016 and ‘P’s in the eight months prior to September, i.e., in the months January through August 2016.

For all pregnancies that ended in a non-live birth, place a ‘T’ in the month of pregnancy termination and a ‘P’ in each completed month of pregnancy such that the ‘T’ and ‘P’s sums to the total number of completed months the pregnancy lasted.

Example: A respondent reports she had a miscarriage in the fourth month of pregnancy (i.e., after three completed months) in June 2018. Place one ‘T’ in June 2018 and one ‘P’ in each of the two preceding months. One ‘T’ and two ‘P’s sum to three, which equals the number of completed months of the pregnancy lasted.

Q. 232 and 233: Current pregnancy. For women who are currently pregnant, place a ‘P’ in the month of interview and in each preceding month of pregnancy. The number of ‘P’s in the calendar should equal the number of completed months of pregnancy given in Q. 233.

Qs. 316-317I: Contraceptive use. For contraceptive use in January 2018 or later, write the code for each method used in the months it was used. If more than one method is used at the same time, record the method that appears highest on the list of method codes. If a method was used for an extensive period (at least four months), enter the code in the first and last months of use and connect them with a squiggly line. As a last step, months without any method use (and no pregnancy or pregnancy termination) should be coded ‘0’ indicating that no method was used.

If a respondent tells you that she switched from one contraceptive method to another in the middle of a month, record the method that she used in the beginning of the month in the cell for that month. Record the new method in the following month.

Example: A respondent said she used the pill until the middle of May 2019 when she had an IUD inserted. Record ‘6’ for pill in May 2019 and ‘3’ for IUD in June 2019.

If a respondent used a method at the beginning of a month, and stopped so she was not using any method at the end of the month, record the code for the method she was using in the box corresponding to the month she stopped. Record ‘0’ for “no method” in the following month.

In general, when a respondent has switched or discontinued contraceptive use within a month, in the calendar you will record what she was using at the beginning of that month. One exception to this rule is in the month of the interview. Before getting to Q. 317 on the history of contraceptive use, you will already have filled in the calendar in Q. 307 for current contraceptive use. For the month of interview, you will have recorded what the respondent is using as of the day of the interview, even if it is different from what she was using at the beginning of the month of interview.

Column (2): REASON FOR DISCONTINUING CONTRACEPTIVE USE

For every discontinuation of a method, the reason for discontinuation is recorded in Column (2) in the last month the method was used. For example, if Column (1) indicates discontinuation of pill use in April 2017, then you should identify and record the reason for the discontinuation in Column (2) in the same month, April 2017.

Points to Remember

- Only one code is entered in any one box (month) of the calendar.
- In column (1), all months should be filled in through the month of interview.
- Column (2) records a reason for each interruption of method use that occurs in Column (1). The code is entered in the last month of use.
- Each squiggly line must have both endpoints defined by the same code.
- To label the births, write the child’s name to the left of the ‘B’. This will make your work easier and more accurate because birth dates serve as your best reference points.

ILLUSTRATIVE CASES

In this section, we provide several examples that illustrate how to complete the calendar. Up to four steps may be necessary:

- 1) Transfer the dates of live births from the pregnancy history to the calendar
- 2) Record the number of completed months of pregnancy (P) for any pregnancies terminating in live births (B) and non-live births (T)
- 3) Record the months of contraceptive use and nonuse.
- 4) Record the reason for discontinuation of contraceptive use.

For each example, we assume that the respondent knows the dates of birth of her children and also the dates during which she used contraception. During actual fieldwork, you may need to probe to correct errors in the reporting of this information.

Case #1

Scenario: The respondent was interviewed in June 2023. She had two births since January 2018. The first was Alfredo, born full term in September 2019, and the second was Bernardo, born one month early in February 2022. The dates of birth of the children are obtained from Q. 220 in the pregnancy history. The respondent did not have any other pregnancies and has never used contraception.

STEP 1

The first step is to record the birth dates for Alfredo and Bernardo. A 'B' is recorded in the month of birth of each of the children and the child's name is written to the left of the 'B' in Column (1) in the month corresponding to the child's birth date.

Step 1

WOMAN'S RESPONSE		NUMBER OF MONTHS	ENTRY IN COLUMN (1) IN CALENDAR	
EVENT	DATE		MONTHS	CODE
Alfredo	18 September 2019	1	SEP 2019	B
Bernardo	25 February 2022	1	FEB 2022	B

STEP 2

The second step involves entering a 'P' in each of the months of pregnancy prior to the month in which each live birth occurred. For Alfredo, 'P's would be entered from January 2019 to August 2019 (8 months); for Bernardo, 'P's would be entered from July 2021 to January 2022 (7 months).

Step 2

WOMAN'S RESPONSE		NUMBER OF MONTHS	ENTRY IN COLUMN (1) IN CALENDAR	
EVENT	DATE		MONTHS	CODE
Pregnant	January-September 2019	8	JAN-AUG 2019	P
Alfredo	18 September 2019	1	SEP 2019	B
Pregnant	July 2021-February 2022	7	JUL 2021-JAN 2022	P
Bernardo	25 February 2021	1	FEB 2021	B

STEP 3

The respondent did not use contraception during the calendar period. Thus, in the calendar, you will fill in the rest of the boxes with '0's to show the periods of non-use.

Step 3

WOMAN'S RESPONSE		NUMBER OF MONTHS	ENTRY IN COLUMN (1) IN CALENDAR	
EVENT	DATE		MONTHS	CODE
Nonuse	January-December 2018	12	JAN-DEC 2018	0
Pregnant	January-September 2019	8	JAN-AUG 2019	P
Alfredo's birth	18 September 2019	1	SEP 2019	B
Nonuse	October 2019-June 2021	21	OCT 2019-JUN 2021	0
Pregnant	July 2021-February 2022	7	JUL 2021-JAN 2022	P
Bernardo's birth	25 February 2022	1	FEB 2022	B
Nonuse	March 2022-June 2023	16	MAR 2022-JUN 2023	0

Calendar Entries for CASE #1

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

CODES FOR EACH COLUMN:

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD

- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUCD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 MALE CONDOM
- 8 FEMALE CONDOM
- 9 EMERGENCY CONTRACEPTION
- J STANDARD DAYS METHOD
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD

- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

Bernardo

COL. 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

Alfredo

		COL. 1	COL. 2
12 DEC	01		
11 NOV	02		
10 OCT	03		
09 SEP	04		
2 08 AUG	05		2
0 07 JUL	06		0
2 06 JUN	07	0	2
3 05 MAY	08		3
04 APR	09		
03 MAR	10		
02 FEB	11		
01 JAN	12		
<hr/>			
12 DEC	13		
11 NOV	14		
10 OCT	15		
09 SEP	16		
2 08 AUG	17		2
0 07 JUL	18		0
2 06 JUN	19		2
2 05 MAY	20		2
04 APR	21		
03 MAR	22	0	
02 FEB	23	B	
01 JAN	24	P	
<hr/>			
12 DEC	25	P	
11 NOV	26	P	
10 OCT	27	P	
09 SEP	28	P	
2 08 AUG	29	P	2
0 07 JUL	30	P	0
2 06 JUN	31	0	2
1 05 MAY	32		1
04 APR	33		
03 MAR	34		
02 FEB	35		
01 JAN	36		
<hr/>			
12 DEC	37		
11 NOV	38		
10 OCT	39		
09 SEP	40		
2 08 AUG	41		2
0 07 JUL	42		0
2 06 JUN	43		2
0 05 MAY	44		0
04 APR	45		
03 MAR	46		
02 FEB	47		
01 JAN	48		
<hr/>			
12 DEC	49		
11 NOV	50		
10 OCT	51	0	
09 SEP	52	B	
2 08 AUG	53	P	2
0 07 JUL	54	P	0
1 06 JUN	55	P	1
9 05 MAY	56	P	9
04 APR	57	P	
03 MAR	58	P	
02 FEB	59	P	
01 JAN	60	P	
<hr/>			
12 DEC	61	0	
11 NOV	62		
10 OCT	63		
09 SEP	64		
2 08 AUG	65		2
0 07 JUL	66		0
1 06 JUN	67		1
8 05 MAY	68		8
04 APR	69		
03 MAR	70		
02 FEB	71		
01 JAN	72	0	

CASE #2

Scenario: The respondent was interviewed in October 2023. During the period covered by the calendar, she had one birth (Carlos), occurring in September 2021 after 9 months of pregnancy, and one other pregnancy that miscarried (terminated) in the fourth month in July 2019.

She is currently using the pill, which she began using in March 2022. In the interval between the birth of Carlos in September 2021 and the start of using the pill in March 2022, she did not use a method.

In the interval between the termination in July 2019 and becoming pregnant with Carlos in January 2021, she used the pill. She began using the pill immediately following the termination. In mid-July 2020, she deliberately interrupted use of the pill because she wanted a child.

In the interval between stopping using the pill in July 2020 and becoming pregnant with Carlos in January 2021, she did not use any method.

In the interval between the start of the calendar in January 2018 and the start of the pregnancy in May 2019 that ended in termination, the respondent and her partner were using the condom continuously. She became pregnant while using the condom.

Calendar Entries for CASE #2

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

CODES FOR EACH COLUMN:

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD

- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUCD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 MALE CONDOM
- 8 FEMALE CONDOM
- 9 EMERGENCY CONTRACEPTION
- J STANDARD DAYS METHOD
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD

- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COL. 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

Carlos

		COL. 1	COL. 2	
12 DEC	01			
11 NOV	02			
10 OCT	03	6		
09 SEP	04			
2 08 AUG	05			2
0 07 JUL	06			0
2 06 JUN	07			2
3 05 MAY	08			3
04 APR	09			
03 MAR	10			
02 FEB	11			
01 JAN	12			
<hr/>				
12 DEC	13			
11 NOV	14			
10 OCT	15			
09 SEP	16			
2 08 AUG	17			2
0 07 JUL	18			0
2 06 JUN	19			2
2 05 MAY	20			2
04 APR	21			
03 MAR	22	6		
02 FEB	23	0		
01 JAN	24			
<hr/>				
12 DEC	25			
11 NOV	26			
10 OCT	27	0		
09 SEP	28	B		
2 08 AUG	29	P		2
0 07 JUL	30	P		0
2 06 JUN	31	P		2
1 05 MAY	32	P		1
04 APR	33	P		
03 MAR	34	P		
02 FEB	35	P		
01 JAN	36	P		
<hr/>				
12 DEC	37	0		
11 NOV	38			
10 OCT	39			
09 SEP	40			
2 08 AUG	41	0		2
0 07 JUL	42	6	2	0
2 06 JUN	43			2
0 05 MAY	44			0
04 APR	45			
03 MAR	46			
02 FEB	47			
01 JAN	48			
<hr/>				
12 DEC	49			
11 NOV	50			
10 OCT	51			
09 SEP	52			
2 08 AUG	53	6		2
0 07 JUL	54	T		0
1 06 JUN	55	P		1
9 05 MAY	56	P		9
04 APR	57	7	1	
03 MAR	58			
02 FEB	59			
01 JAN	60			
<hr/>				
12 DEC	61			
11 NOV	62			
10 OCT	63			
09 SEP	64			
2 08 AUG	65			2
0 07 JUL	66			0
1 06 JUN	67			1
8 05 MAY	68			8
04 APR	69			
03 MAR	70			
02 FEB	71			
01 JAN	72	7		

CASE #3

Scenario: The respondent was interviewed in October 2023. The woman's only birth in this period (Mary) occurred in March 2022. The pregnancy lasted nine months (nine completed months).

The respondent is currently pregnant (2 completed months).

She also had a miscarriage (termination) in December 2019 after completing four months of pregnancy.

In the interval between the birth of Mary in March 2022 and the start of her current pregnancy in August 2023, the respondent and her husband used withdrawal continuously. She became pregnant while using withdrawal.

In the interval between the termination in December 2019 and the start of the pregnancy with Mary in July 2021, she used withdrawal. She began using withdrawal in July 2020 and used it continuously for 12 months. She stopped using withdrawal when she became pregnant accidentally with Mary.

In the interval between the start of the calendar in January 2018 and the start of the pregnancy in September 2019 that ended in termination, she did not use any form of contraception.

Calendar Entries for CASE #3

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

CODES FOR EACH COLUMN:

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

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

Mary

COL. 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

		COL. 1	COL. 2	
12 DEC	01			
11 NOV	02			
10 OCT	03	P		
09 SEP	04	P		
2 08 AUG	05	M	1	2
0 07 JUL	06			0
2 06 JUN	07			2
3 05 MAY	08			3
04 APR	09			
03 MAR	10			
02 FEB	11			
01 JAN	12			
<hr/>				
12 DEC	13			
11 NOV	14			
10 OCT	15			
09 SEP	16			
2 08 AUG	17			2
0 07 JUL	18			0
2 06 JUN	19			2
2 05 MAY	20			2
04 APR	21	M		
03 MAR	22	B		
02 FEB	23	P		
01 JAN	24	P		
<hr/>				
12 DEC	25	P		
11 NOV	26	P		
10 OCT	27	P		
09 SEP	28	P		
2 08 AUG	29	P		2
0 07 JUL	30	P		0
2 06 JUN	31	M	1	2
1 05 MAY	32			1
04 APR	33			
03 MAR	34			
02 FEB	35			
01 JAN	36			
<hr/>				
12 DEC	37			
11 NOV	38			
10 OCT	39			
09 SEP	40			
2 08 AUG	41			2
0 07 JUL	42	M		0
2 06 JUN	43	0		2
0 05 MAY	44			0
04 APR	45			
03 MAR	46			
02 FEB	47			
01 JAN	48	0		
<hr/>				
12 DEC	49	T		
11 NOV	50	P		
10 OCT	51	P		
09 SEP	52	P		
2 08 AUG	53	0		2
0 07 JUL	54			0
1 06 JUN	55			1
9 05 MAY	56			9
04 APR	57			
03 MAR	58			
02 FEB	59			
01 JAN	60			
<hr/>				
12 DEC	61			
11 NOV	62			
10 OCT	63			
09 SEP	64			
2 08 AUG	65			2
0 07 JUL	66			0
1 06 JUN	67			1
8 05 MAY	68			8
04 APR	69			
03 MAR	70			
02 FEB	71			
01 JAN	72	0		

CASE #4

Scenario: The respondent was interviewed in October 2023. She reported two births in the reference period, Christina in July 2021 and Armando in November 2018. The pregnancy with Christina lasted nine months (nine completed months), and the pregnancy with Armando lasted eight months (eight completed months).

At the time of Christina's birth in July 2021, the respondent was surgically sterilized in a government hospital.

In the interval between giving birth to Armando in November 2018 and becoming pregnant with Christina in November 2020, the respondent used the pill. She started using the pill three months after the birth of Armando in November 2018 and used it for 16 months. She stopped using the pill because she wanted to become pregnant.

In the interval between stopping using the pill in June 2020 and the start of the pregnancy with Christina in November 2020, she did not use a method.

In the interval between the start of the calendar in January 2018 and becoming pregnant with Armando in April 2018, she did not use a contraceptive method.

Calendar Entries for CASE #4

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

CODES FOR EACH COLUMN:

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD

- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUCD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 MALE CONDOM
- 8 FEMALE CONDOM
- 9 EMERGENCY CONTRACEPTION
- J STANDARD DAYS METHOD
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD

- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COL. 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

Christina

Armando

		COL. 1	COL. 2	
12 DEC	01			
11 NOV	02			
10 OCT	03	1		
09 SEP	04			
2 08 AUG	05			2
0 07 JUL	06			0
2 06 JUN	07			2
3 05 MAY	08			3
04 APR	09			
03 MAR	10			
02 FEB	11			
01 JAN	12			
<hr/>				
12 DEC	13			
11 NOV	14			
10 OCT	15			
09 SEP	16			
2 08 AUG	17			2
0 07 JUL	18			0
2 06 JUN	19			2
2 05 MAY	20			2
04 APR	21			
03 MAR	22			
02 FEB	23			
01 JAN	24			
<hr/>				
12 DEC	25			
11 NOV	26			
10 OCT	27			
09 SEP	28			
2 08 AUG	29	1		2
0 07 JUL	30	B		0
2 06 JUN	31	P		2
1 05 MAY	32	P		1
04 APR	33	P		
03 MAR	34	P		
02 FEB	35	P		
01 JAN	36	P		
<hr/>				
12 DEC	37	P		
11 NOV	38	P		
10 OCT	39	0		
09 SEP	40	0		
2 08 AUG	41	0		2
0 07 JUL	42	0		0
2 06 JUN	43	6	2	2
0 05 MAY	44			0
04 APR	45			
03 MAR	46			
02 FEB	47			
01 JAN	48			
<hr/>				
12 DEC	49			
11 NOV	50			
10 OCT	51			
09 SEP	52			
2 08 AUG	53			2
0 07 JUL	54			0
1 06 JUN	55			1
9 05 MAY	56			9
04 APR	57			
03 MAR	58	6		
02 FEB	59	0		
01 JAN	60	0		
<hr/>				
12 DEC	61	0		
11 NOV	62	B		
10 OCT	63	P		
09 SEP	64	P		
2 08 AUG	65	P		2
0 07 JUL	66	P		0
1 06 JUN	67	P		1
8 05 MAY	68	P		8
04 APR	69	P		
03 MAR	70	0		
02 FEB	71	0		
01 JAN	72	0		

CASE #5

Scenario: This respondent was interviewed in October 2023. She had two births since January 2018; the first resulted in twins but only one was born alive (Jane), while the other was a stillbirth. Jane was born in June 2018 after 9 months of pregnancy. Her younger brother, John, was born in February 2020 in the middle of the ninth month of pregnancy (8 completed months).

The respondent is not currently using a method of contraception.

In the interval between the birth of John in February 2020 and October 2023, the respondent used the IUD. She began using the IUD 16 months after the birth of John. She used the IUD until September 2022. She stopped using the IUD because she separated from her husband.

In the interval between beginning the IUD in May 2021 and the birth of John in February 2020, she used the Pill for six months and then switched to the IUD the next month because she wanted a more effective method.

In the interval between giving birth to Jane in June 2018 and the start of pregnancy with John in July 2020, she did not use a method.

Calendar Entries for CASE #5

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

CODES FOR EACH COLUMN:

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD

- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUCD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 MALE CONDOM
- 8 FEMALE CONDOM
- 9 EMERGENCY CONTRACEPTION
- J STANDARD DAYS METHOD
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD

- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COL. 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

		COL. 1	COL. 2	
12 DEC	01			
11 NOV	02			
10 OCT	03	0		
09 SEP	04			
2 08 AUG	05			2
0 07 JUL	06			0
2 06 JUN	07			2
3 05 MAY	08			3
04 APR	09			
03 MAR	10			
02 FEB	11			
01 JAN	12			
<hr/>				
12 DEC	13			
11 NOV	14			
10 OCT	15	0		
09 SEP	16	3	D	
2 08 AUG	17			2
0 07 JUL	18			0
2 06 JUN	19			2
2 05 MAY	20			2
04 APR	21			
03 MAR	22			
02 FEB	23			
01 JAN	24			
<hr/>				
12 DEC	25			
11 NOV	26			
10 OCT	27			
09 SEP	28			
2 08 AUG	29			2
0 07 JUL	30			0
2 06 JUN	31	3		2
1 05 MAY	32	6	4	1
04 APR	33			
03 MAR	34			
02 FEB	35			
01 JAN	36			
<hr/>				
12 DEC	37	6		
11 NOV	38	0		
10 OCT	39			
09 SEP	40			
2 08 AUG	41			2
0 07 JUL	42			0
2 06 JUN	43			2
0 05 MAY	44			0
04 APR	45			
03 MAR	46	0		
02 FEB	47	B		
01 JAN	48	P		
<hr/>				
12 DEC	49	P		
11 NOV	50	P		
10 OCT	51	P		
09 SEP	52	P		
2 08 AUG	53	P		2
0 07 JUL	54	P		0
1 06 JUN	55	0		1
9 05 MAY	56			9
04 APR	57			
03 MAR	58			
02 FEB	59			
01 JAN	60			
<hr/>				
12 DEC	61			
11 NOV	62			
10 OCT	63			
09 SEP	64			
2 08 AUG	65			2
0 07 JUL	66	0		0
1 06 JUN	67	B		1
8 05 MAY	68	P		8
04 APR	69	P		
03 MAR	70	P		
02 FEB	71	P		
01 JAN	72	P		

John

Jane

CASE #6

Scenario: The respondent was interviewed in October 2023. Her most recent birth (Linda) occurred in November 2021 after nine months of pregnancy.

She is currently pregnant and has completed three months of pregnancy.

In the interval between the birth of Linda in November 2021 and the start of the current pregnancy in August 2023, she used a diaphragm. She began using a diaphragm immediately after Linda was born. She used a diaphragm for 20 months. She stopped using a diaphragm because she became pregnant while using it.

In the interval between the start of the calendar in January 2018 and becoming pregnant with Linda in March 2021, she did not use a contraceptive method.

Calendar entries for CASE #6

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

CODES FOR EACH COLUMN:

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD

- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUCD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 MALE CONDOM
- 8 FEMALE CONDOM
- 9 EMERGENCY CONTRACEPTION
- J STANDARD DAYS METHOD
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD

- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COL. 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

Linda

		COL.1	COL.2	
12 DEC	01			
11 NOV	02			
10 OCT	03	P		
09 SEP	04	P		
2 08 AUG	05	P		2
0 07 JUL	06	X	1	0
2 06 JUN	07			2
3 05 MAY	08			3
04 APR	09			
03 MAR	10			
02 FEB	11			
01 JAN	12			
<hr/>				
12 DEC	13			
11 NOV	14			
10 OCT	15			
09 SEP	16			
2 08 AUG	17			2
0 07 JUL	18			0
2 06 JUN	19			2
2 05 MAY	20			2
04 APR	21			
03 MAR	22			
02 FEB	23			
01 JAN	24			
<hr/>				
12 DEC	25	X		
11 NOV	26	B		
10 OCT	27	P		
09 SEP	28	P		
2 08 AUG	29	P		2
0 07 JUL	30	P		0
2 06 JUN	31	P		2
1 05 MAY	32	P		1
04 APR	33	P		
03 MAR	34	P		
02 FEB	35	0		
01 JAN	36			
<hr/>				
12 DEC	37			
11 NOV	38			
10 OCT	39			
09 SEP	40			
2 08 AUG	41			2
0 07 JUL	42			0
2 06 JUN	43			2
0 05 MAY	44			0
04 APR	45			
03 MAR	46			
02 FEB	47			
01 JAN	48			
<hr/>				
12 DEC	49			
11 NOV	50			
10 OCT	51			
09 SEP	52			
2 08 AUG	53			2
0 07 JUL	54			0
1 06 JUN	55			1
9 05 MAY	56			9
04 APR	57			
03 MAR	58			
02 FEB	59			
01 JAN	60			
<hr/>				
12 DEC	61			
11 NOV	62			
10 OCT	63			
09 SEP	64			
2 08 AUG	65			2
0 07 JUL	66			0
1 06 JUN	67			1
8 05 MAY	68			8
04 APR	69			
03 MAR	70			
02 FEB	71			
01 JAN	72	0		

CASE #7

Scenario: The respondent was interviewed in October 2023. She has had only one pregnancy (and no births) since January 2018. The pregnancy lasted for three months and ended in a miscarriage (termination) in January 2022.

The respondent is sterilized. She was sterilized immediately following her pregnancy that resulted in a termination.

In the interval between the start of the calendar in January 2018 and becoming pregnant in November 2021, the respondent used the condom. She began using the condom in March 2022 when she and her husband got married and stopped using the condom in July 2020 when her husband was temporarily away for six months.

She and her husband resumed using the condom after he returned in February 2021 and stopped in October 2021, when she accidentally became pregnant.

In the interval between stopping using the condom in July 2020 and starting using the condom in February 2021, she used no method.

Calendar entries for CASE #7

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

CODES FOR EACH COLUMN:

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD

- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUCD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 MALE CONDOM
- 8 FEMALE CONDOM
- 9 EMERGENCY CONTRACEPTION
- J STANDARD DAYS METHOD
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD

- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COL. 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

		COL. 1	COL. 2	
12 DEC	01			
11 NOV	02			
10 OCT	03	1		
09 SEP	04			
2 08 AUG	05			2
0 07 JUL	06			0
2 06 JUN	07			2
3 05 MAY	08			3
04 APR	09			
03 MAR	10			
02 FEB	11			
01 JAN	12			
<hr/>				
12 DEC	13			
11 NOV	14			
10 OCT	15			
09 SEP	16			
2 08 AUG	17			2
0 07 JUL	18			0
2 06 JUN	19			2
2 05 MAY	20			2
04 APR	21			
03 MAR	22			
02 FEB	23	1		
01 JAN	24	T		
<hr/>				
12 DEC	25	P		
11 NOV	26	P		
10 OCT	27	7	1	
09 SEP	28			
2 08 AUG	29			2
0 07 JUL	30			0
2 06 JUN	31			2
1 05 MAY	32			1
04 APR	33			
03 MAR	34			
02 FEB	35	7		
01 JAN	36	0		
<hr/>				
12 DEC	37			
11 NOV	38			
10 OCT	39			
09 SEP	40			
2 08 AUG	41	0		2
0 07 JUL	42	7	0	0
2 06 JUN	43			2
0 05 MAY	44			0
04 APR	45			
03 MAR	46			
02 FEB	47			
01 JAN	48			
<hr/>				
12 DEC	49			
11 NOV	50			
10 OCT	51			
09 SEP	52			
2 08 AUG	53			2
0 07 JUL	54			0
1 06 JUN	55			1
9 05 MAY	56			9
04 APR	57			
03 MAR	58	7		
02 FEB	59	0		
01 JAN	60			
<hr/>				
12 DEC	61			
11 NOV	62			
10 OCT	63			
09 SEP	64			
2 08 AUG	65			2
0 07 JUL	66			0
1 06 JUN	67			1
8 05 MAY	68			8
04 APR	69			
03 MAR	70			
02 FEB	71			
01 JAN	72	0		

R. Interviewer's Observations

After you have checked over your questionnaire and thanked the respondent, note any comments on the last page. You may make comments about the woman you interviewed, about specific questions on the questionnaire, or about any other aspects of the interview. If anything about the interview was unusual or should be brought to the attention of the supervisor, note it here. Even if the interview was straightforward, a few comments on each interview will be helpful in editing and processing the questionnaires. For example, if a respondent attended school in a different country, one with a different system for dividing grades into primary and secondary, note that here. If you were unable to complete the interview for any reason, or if answers that were not pre-coded require further explanation, use this space. All these comments are helpful to the supervisor and data processing staff in interpreting the information in the questionnaire.

VII. MAN'S QUESTIONNAIRE

The Man's Questionnaire consists of a cover page and nine sections as follows:

Section 1:	Respondent's Background
Section 2:	Reproduction
Section 3:	Contraception
Section 4:	Marriage and Sexual Activity
Section 5:	Fertility Preferences
Section 6:	Employment and Gender Roles
Section 7:	HIV/AIDS
Section 8:	Other Health Issues
Section 9:	Mental Health

Most of the questions in the Man's Questionnaire are similar to those we have already discussed in the Woman's Questionnaire, but they are written to reflect that the respondent is male. However, in a majority of cases, the question numbers are different and often the questions appear in a different order. For example, although the HIV/AIDS questions are almost identical, they are in Section 10 in the Woman's Questionnaire and Section 7 in the Man's Questionnaire.

Figure 4 lists questions numbers from the Man's Questionnaire and the corresponding question numbers from the Woman's Questionnaire.

- This manual does not repeat instructions for questions in the Man's Questionnaire that have already been covered in Section VI on the Woman's Questionnaire. Using this table, you can refer to the instructions in that section for the corresponding questions.
- Occasionally, a question in the Man's Questionnaire will be similar to, but not exactly the same as a question in the Woman's Questionnaire. In these cases, the table shows the question number from the Woman's Questionnaire in parentheses.
- The table does not include the question numbers of questions that are unique to the Man's Questionnaire. Instructions on administering these questions can be found in the following sections.

FIGURE 4. QUESTION NUMBERS FOR CORRESPONDING QUESTIONS IN THE WOMAN’S AND MAN’S QUESTIONNAIRES

Question number		Question number	
Man’s Questionnaire	Woman’s Questionnaire	Man’s Questionnaire	Woman’s Questionnaire
101-131	101-131	514-515	813-814
201-208	(201)-208	601	(909)
301	301	602-604	911-913
302	815	605-609	915-919
304-306	(241)-243	610-611	922-923
401-404	701-703, 709	612-617B	925-930C
410-412	714-716	618	932
413-416, 418-429	721-737	700-710	1000-1010
417	331	712	1014
505	(803)	713-732	1024-1043
506	(805)	733-734	(1044-1045)
507	(804)	735-736	1046-1047
508	(805)	806, 808	1106, 1108
510-511	(803), (805)	814-816	1110-1112
512-513	804-805	817-818	1114-1115

A. Section 1: Respondent’s Background

All of Section 1 is the same for male and female respondents. As a reminder, accurate recording of the respondent’s age is important. Refer to Section VI.B of this manual for detailed instructions about Qs.110 and 111 on the age of the respondent.

B. Section 2: Reproduction

Qs. 201-208: CHILDREN

Q. 201 is phrased slightly differently for men. As with women, we are interested in the biological children a man has had. Because many children live away from their fathers, the question prompts men to think about children who are their biological children but may not be legally theirs or have their last name. Qs. 202-208 are the same for men and women.

Q. 210: BIOLOGICAL MOTHERS OF CHILDREN RESPONDENT HAS FATHERED

In Q. 210, you ask the respondent if all of the children he has fathered have the same biological mother.

Q. 211: AGE AT FIRST FATHERHOOD

Q. 211 is phrased differently depending on whether the respondent has only one child or more than one child. If he doesn’t know how old he was when he became a father for the first time, probe. For example, you could ask how old he was when he got married or first started living with a woman, and then ask how long before or after getting married his first child was born.

Qs. 212-219: ATTENDANCE AT ANTENATAL CARE AND CHILDBIRTH

Qs. 212-214 are asked to determine if the respondent has a living child age 0-2 years. If he does, write the name of his youngest child on the line provided in Q. 215. In Q. 216, ask the respondent if the

mother of his youngest child received antenatal care during her pregnancy. The care should have been specifically to check her pregnancy and not for other reasons. If the mother received antenatal care during the pregnancy of an older child, but not during the pregnancy of the youngest child, record '2,' NO.

Ask Q. 218 to determine if the respondent's youngest living child was born in a hospital or health facility. If the child was born in a hospital or health facility, ask whether the respondent went with the child's mother to the hospital or health facility when she gave birth.

C. Section 3: Contraception

Q. 301: Contraceptive Table

The format of Q. 301 and the order of administering the questions are the same in both the Woman's and Man's Questionnaires.

Q. 303: DISCUSSION OF FAMILY PLANNING WITH A HEALTHCARE PROVIDER

In Q. 303, ask the respondent if he has discussed family planning with a health worker or health professional in the last few months. This question focuses specifically on communication with health professionals, so discussion of family planning with friends, neighbors, etc., does not apply.

Q. 307: ATTITUDES TOWARD CONTRACEPTION

This question includes two statements that assess the respondent's attitudes toward taking responsibility for contraception and about the effect of contraception on women's behavior. Be sure to select a response for each of the two questions. The word "promiscuous" in Q. 307b means that someone has sexual relations with many people.

D. Section 4: Marriage and Sexual Activity

Q. 405: OTHER WIVES/PARTNERS

In this question, we are interested whether the respondent has other wives or partners with whom he is living as if married. This does not include 'girlfriends' unless the husband is living together with the girlfriend as if married.

Q. 406: NUMBER OF WIVES

We are interested in the total number of wives or co-habiting partners the respondent has. Since the number has been assigned two boxes, remember to fill the first box with '0' for numbers less than 10.

Qs. 407 and 408: IDENTIFYING THE WIFE/WIVES OF THE RESPONDENT

Write down the name of the respondent's wife/partner (or names of the wives/partners) and record the line number from the Household Schedule in the boxes provided. The number of names in Q. 407 should be equal to the number of wives in Q. 406. If a wife/partner is not listed in the Household Schedule, record '00' in the boxes next to her name. This can happen if you are interviewing a man who is visiting a household, but his wife stayed at home or if he is interviewed at his home, but his wife lives in a different household. For Q. 408, take the age of the woman from what the respondent says, not from the Household Schedule.

E. Section 5: Fertility Preferences

Almost all of the questions in this section are the same as those in Section 8 of the Woman's Questionnaire. However, for men we have to first determine whether they have one wife or more than one wife (Q. 501) in order to know how to phrase the questions on the preference for additional children.

F. Section 6: Employment and Gender Roles

The questions in Section 6 are identical to a subset of the questions in Section 9 of the Woman's Questionnaire with one exception (Q. 619), which concerns the respondent's knowledge of whether his father ever beat his mother.

G. Section 7: HIV/AIDS

The series of questions in this section is almost identical to Section 10 of the Woman's Questionnaire except that questions related to antenatal care are omitted. In addition, Qs. 733 and 734 on symptoms of STIs use wording specific to men.

H. Section 8: Other Health Issues

Qs. 801-805: CIRCUMCISION

Circumcision involves the surgical removal of the foreskin of the penis. Circumcision may be performed for religious, medical, or cultural reasons and can be carried out at birth, during adolescence, or at other times during a man's life. If a respondent was not circumcised or does not know what circumcision is or says that he does not know whether or not he is circumcised, use the DON'T KNOW code in Q. 801 and skip to Q. 806. Otherwise, ask Qs. 802-805.

Note: It is intentional that all men who say they are circumcised are asked whether they have been traditionally circumcised and whether they have been medically circumcised.

Qs. 805A-805J: HYPERTENSION & DIABETES

These questions are the same as in the Woman's questionnaire.

Q. 806: CURRENT TOBACCO USE

Ask the respondent how often he smokes tobacco. Note: This question does not specify that the respondent smokes cigarettes, only that he smokes tobacco.

Qs. 807-808: PAST TOBACCO USE

In Q. 807, respondents who currently smoke tobacco 'SOME DAYS' are asked if in the past they have smoked tobacco every day in the past. In Q. 808, respondents who report they currently smoke tobacco 'NOT AT ALL' are asked if they have ever smoked tobacco in the past every day, some days, or not at all.

Qs. 809 and 810: TYPES OF TOBACCO PRODUCTS USED DAILY AND WEEKLY

For respondents who currently smoke tobacco 'EVERY DAY,' Q. 809 asks, on average, how many of each product they smoke each day. When recording the number of times the respondent uses each product, remember to enter '00' in front of any number less than 10, or '0' in front of any number between 10 and 100. If the product is not used at all record, '000.' If the product is used but not every day, record '888'. If the respondent gives a non-numerical answer, probe for a numerical answer.

Q. 810 is similar to Q. 809 but asks how many of each product the respondent smokes each week. Record responses in the same way you record responses to Q. 809.

Qs. 811-813: SMOKELESS TOBACCO

Q. 811 asks if the respondent currently uses smokeless tobacco every day, some days, or not at all. For EVERY DAY users of smokeless tobacco, ask Q. 812. Record, on average, how many times a day he uses each product in the same way you record responses to Q. 809.

Q. 813 is similar to Q. 812 but is directed at respondents who currently use smokeless tobacco SOME DAYS. Record how many of each smokeless tobacco product the respondent uses each week in the same way you record the responses to Q. 810.

9. Section MTH: Mental Health Module

The series of questions in this module are identical with the Mental Health Module in the Woman's questionnaire.

END OF INTERVIEWER'S MANUAL