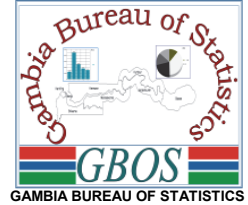


**THE GAMBIA DEMOGRAPHIC AND HEALTH SURVEY 2013  
WOMAN'S QUESTIONNAIRE**



GAMBIA BUREAU OF STATISTICS IN COLLABORATION WITH MINISTRY OF HEALTH AND SOCIAL WELFARE

IDENTIFICATION			
LOCAL GOVERNMENT AREA:	<input type="checkbox"/>	1 BANJUL 2 KANIFING 3 BRIKAMA 4 MANSAKONKO	5 KEREWAN 6 KUNTAUR 7 JANJANGBUREH 8 BASSE
DISTRICT NAME: _____	DPCODE <input type="text"/>	SETTLEMENT NAME: _____	SCODE <input type="text"/>
NAME AND LINE NUMBER OF WOMAN: _____		TEL: <input type="text"/>	
EA NUMBER: <input type="text"/>	CLUSTER NUMBER <input type="text"/>	HOUSEHOLD NUMBER <input type="text"/>	
AREA OF RESIDENCE: <input type="checkbox"/>	1 URBAN 2 RURAL	RESPONDENT'S LINE NUMBER <input type="text"/>	
CHECK SELECTION TABLE IN HOUSEHOLD QUESTIONNAIRE RESPONDENT WAS SELECTED FOR THE DOMESTIC VIOLENCE MODULE <input type="checkbox"/>			

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> 2013 <input type="text"/> INT. NUMBER <input type="text"/> RESULT <input type="text"/>
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="text"/>
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED      4 REFUSED 2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER _____ 3 POSTPONED      6 INCAPACITATED      (SPECIFY)				

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <input type="text"/>	NAME _____ <input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

**INFORMED CONSENT**

Hello. My name is \_\_\_\_\_. I am working with The Gambia Bureau of Statistics and the Ministry of Health and Social Welfare. We are conducting a survey about health all over the Gambia. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

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

SIGNATURE OF INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

RESPONDENT AGREES TO BE INTERVIEWED ... 1      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED .... 2 → END

↓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
101A	COLLECT ANY RELEVANT DOCUMENTS THAT MAY HAVE INFORMATION ON THE RESPONDENTS AND HER CHILDREN'S AGE AND IMMUNIZATIONS.		
102	In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 108
105	What type of school system did you attend?	COVENTIONAL ..... 1 MADRASSA ..... 2	
105A	What is the highest level of school you attended: primary (lower basic), secondary, or higher?	PRE-SCHOOL ..... 0 PRE-SCHOOL (MADRASSA) ..... 1 PRIMARY (LOWER BASIC) ..... 2 PRIMARY (MADRASSA) (LOWER B) ..... 3 SECONDARY (UPPER BASIC/JUNIOR/SENIOR) ..... 4 SECONDARY (MADRASSA) ..... 5 HIGHER (TERTIARY, UNIVERSITY, COLLEGE) ..... 6 VOCATIONAL ..... 7	
106	What is the highest (grade/form/year) you completed at that level?  IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR ..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	CHECK 105A: PRIMARY OR PRE-SCHOOL <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 110
108	Now I would like you to read these sentences to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentences to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE ..... 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
109	CHECK 108: CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 111
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
113	What is your religion?	ISLAM ..... 1 CHRISTIANITY ..... 2 OTHER RELIGION ..... 6 NO RELIGION ..... 7	
113A	What is your nationality?	GAMBIAN ..... 1 NON-GAMBIAN ..... 2	→ 115
114	What is your ethnicity ?	MANDINKA/JAHANKA ..... 01 WOLLOF ..... 02 JOLA/KARONINKA ..... 03 FULA/TUKULUR/LOROBO ..... 04 SERERE ..... 05 SERAHULEH ..... 07 CREOLE / AKU MARABOUT ..... 08 MANJAGO ..... 09 BAMBARA ..... 10 OTHER ETHNIC GROUP (specify) ..... 96	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/> NONE ..... 00	→ 201
116	In the last 12 months, have you been away from home for more than one month at a time?	YES ..... 1 NO ..... 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES ..... 1 NO ..... 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ..... 1 NO ..... 2	→ 204								
203	How many sons live with you?  And how many daughters live with you?  IF NONE, RECORD '00'.	SONS AT HOME ..... <table border="1" data-bbox="1217 353 1316 421"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME ..... <table border="1" data-bbox="1217 421 1316 488"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206								
205	How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <table border="1" data-bbox="1217 627 1316 694"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE ..... <table border="1" data-bbox="1217 694 1316 761"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2	→ 208								
207	How many boys have died?  And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1" data-bbox="1217 985 1316 1052"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD ..... <table border="1" data-bbox="1217 1052 1316 1120"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS ..... <table border="1" data-bbox="1217 1176 1316 1243"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208:  Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208:  ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →	→ 226									

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.  
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.  
 (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

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

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby?  RECORD NAME.  BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born?  PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died?  IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES ..... 1 NO ..... 2			
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:  NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)								
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2008 OR LATER.					NUMBER OF BIRTHS ..... <input type="text"/> NONE ..... 0 → 226			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	<p><b>C</b> FOR EACH BIRTH SINCE JANUARY 2008, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p>		
226	<p>Are you pregnant now ?</p> <p><b>C</b> RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p>	<p>YES ..... 1  NO ..... 2  UNSURE ..... 8</p>	<input type="checkbox"/> → 230
227	How many months pregnant are you?	MONTHS ..... <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	<p>YES ..... 1  NO ..... 2</p>	→ 230
229	Did you want to have a baby later on or did you not want any (more) children?	<p>LATER ..... 1  NO MORE ..... 2</p>	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	<p>YES ..... 1  NO ..... 2</p>	→ 238
231	When did the last such pregnancy end?	<p>MONTH ..... <input type="text"/></p> <p>YEAR ..... <input type="text"/></p>	
232	<p>CHECK 231:</p> <p>LAST PREGNANCY ENDED IN <input type="checkbox"/> JAN. 2008 OR LATER</p> <p>LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2008</p>		→ 238
233	<p>How many months pregnant were you when the last such pregnancy ended?</p> <p><b>C</b> RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p>	MONTHS ..... <input type="text"/>	
234	Since January 2008, have you had any other pregnancies that did not result in a live birth?	<p>YES ..... 1  NO ..... 2</p>	→ 236
235	<p>ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2008</p> <p><b>C</b> ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p>		
236	Did you have any miscarriages, abortions or stillbirths that ended before 2008?	<p>YES ..... 1  NO ..... 2</p>	→ 238
237	When did the last such pregnancy that terminated before 2008 end?	<p>MONTH ..... <input type="text"/></p> <p>YEAR ..... <input type="text"/></p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
238	When did your last menstrual period start?  _____ (DATE, IF GIVEN)	DAYS AGO ..... 1 <table border="1" data-bbox="1222 152 1321 208"><tr><td></td><td></td></tr></table> WEEKS AGO ..... 2 <table border="1" data-bbox="1222 208 1321 264"><tr><td></td><td></td></tr></table> MONTHS AGO ..... 3 <table border="1" data-bbox="1222 264 1321 320"><tr><td></td><td></td></tr></table> YEARS AGO ..... 4 <table border="1" data-bbox="1222 320 1321 376"><tr><td></td><td></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH ..... 995 NEVER MENSTRUATED ..... 996									
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 301								
240	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8									



SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.  Have you ever <b>heard</b> of (METHOD)?		
01	<b>Female Sterilization.</b> PROBE: Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
02	<b>Male Sterilization.</b> PROBE: Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
03	<b>IUD.</b> PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2	
04	<b>Injectables.</b> 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	<b>Implants.</b> 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	<b>Pill.</b> PROBE: Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2	
07	<b>Condom.</b> PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2	
08	<b>Female Condom.</b> PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2	
09	<b>Lactational Amenorrhea Method (LAM).</b>	YES ..... 1 NO ..... 2	
09A	<b>DIAPHRAGM/FOAM/JELLY.</b> PROBE : Women can place a diaphragm, suppository,jelly,or cream in their vagina before intercourse.	YES ..... 1 NO ..... 2	
10	<b>Rhythm Method.</b> 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	
11	<b>Withdrawal.</b> PROBE: Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2	
12	<b>Emergency Contraception.</b> PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent	YES ..... 1 NO ..... 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1  _____ (SPECIFY)  _____ (SPECIFY)  NO ..... 2	
302	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 313
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 313

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
304	<p>Which method are you using?</p> <p>CIRCLE ALL MENTIONED.</p> <p>IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION ..... A</p> <p>MALE STERILIZATION ..... B</p> <p>IUD ..... C</p> <p>INJECTABLES ..... D</p> <p>IMPLANTS ..... E</p> <p>PILL ..... F</p> <p>CONDOM ..... G</p> <p>FEMALE CONDOM ..... H</p> <p>DIAPHRAGM ..... I</p> <p>FOAM/JELLY ..... J</p> <p>LACTATIONAL AMEN. METHOD ..... K</p> <p>RHYTHM METHOD ..... L</p> <p>WITHDRAWAL ..... M</p> <p>OTHER MODERN METHOD ..... X</p> <p>OTHER TRADITIONAL METHOD ... Y</p>	<p>→ 307</p> <p>→ 308A</p> <p>→ 306</p> <p>→ 308A</p>						
305	<p>What is the brand name of the pills you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>MICROGYNON ..... 01</p> <p>MICROLUT ..... 02</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	<p>→ 308A</p>						
306	<p>What is the brand name of the condoms you are using?</p> <p>WRITE THE BRAND NAME IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>BRAND _____</p> <p>DON'T KNOW &amp; PACKAGE NOT SEEN 98</p>	<p>→ 308A</p>						
307	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL ..... 11</p> <p>GOVT. HEALTH POST ..... 12</p> <p>GOVT. HEALTH CENTER ..... 13</p> <p>OTHER PUBLIC SECTOR _____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC ..... 21</p> <p>PRIVATE DOCTOR'S OFFICE ..... 23</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL/CLINIC ..... 31</p> <p>NGO MOBILE CLINIC ..... 32</p> <p>FAMILY PLANNING CLINIC ..... 33</p> <p>OTHER NGO MEDICAL SECTOR _____ .36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW ..... 98</p>							
308	<p>In what month and year was the sterilization performed?</p>								
308A	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>							
308 B	<p>CHECK 308A, 215 AND 231:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308A</p> <p>GO BACK TO 308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308 C	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO MESKEREM 1998. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p><b>C</b> IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH. IN COLUMN 2, ENTER REASON FOR DISCONTINUATION OF A METHOD IN THE LAST MONTH THE METHOD WAS USED</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> <li>* When was the last time you used a method? Which method was that?</li> <li>* When did you start using that method? How long after the birth of (NAME)?</li> <li>* How long did you use the method then?</li> </ul>		
308 D	<p>CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH</p> <p>NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/></p>		314
313	<p>Have you ever used anything or tried in any way to delay or avoid getting pregnant?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p><input type="checkbox"/> → 324</p>
314	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED ..... 00</p> <p>FEMALE STERILIZATION ..... 01</p> <p>MALE STERILIZATION ..... 02</p> <p>IUD ..... 03</p> <p>INJECTABLES ..... 04</p> <p>IMPLANTS ..... 05</p> <p>PILL ..... 06</p> <p>CONDOM ..... 07</p> <p>FEMALE CONDOM ..... 08</p> <p>DIAPHRAGM ..... 09</p> <p>FOAM/JELLY ..... 10</p> <p>LACTATIONAL AMEN. METHOD ..... 11</p> <p>RHYTHM METHOD ..... 12</p> <p>WITHDRAWAL ..... 13</p> <p>OTHER MODERN METHOD ..... 95</p> <p>OTHER TRADITIONAL METHOD ..... 96</p>	<p>→ 324</p> <p>→ 317A</p> <p>→ 326</p> <p><input type="checkbox"/> → 315A</p> <p><input type="checkbox"/> → 326</p>
315	<p>You first started using (CURRENT METHOD) in (DATE FROM 308/308A). Where did you get it at that time?</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>GOVT. HEALTH POST ..... 13</p> <p>FIELDWORKER ..... 14</p> <p>OTHER PUBLIC SECTOR ..... 16</p> <p>(SPECIFY)</p>	
315A	<p>Where did you learn how to use the rhythm/lactational amenorrhea method?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... 21</p> <p>PHARMACY ..... 22</p> <p>PRIVATE DOCTOR ..... 23</p> <p>FIELDWORKER ..... 24</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 26</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL/CLINIC ..... 31</p> <p>NGO MOBILE CLINIC ..... 32</p> <p>FAMILY PLANNING CLINIC ..... 33</p> <p>OTHER NGO MEDICAL SECTOR ..... 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... 41</p> <p>FRIEND / RELATIVE ..... 42</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	
316	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>IUD ..... 03</p> <p>INJECTABLES ..... 04</p> <p>IMPLANTS ..... 05</p> <p>PILL ..... 06</p> <p>CONDOM ..... 07</p> <p>FEMALE CONDOM ..... 08</p> <p>DIAPHRAGM ..... 09</p> <p>FOAM/JELLY ..... 10</p> <p>LACTATIONAL AMEN. METHOD ..... 11</p> <p>RHYTHM METHOD ..... 12</p>	<p>→ 323</p> <p><input type="checkbox"/> → 320</p> <p>→ 326</p> <p>→ 326</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317	At that time, were you told about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	→ 319
317A	When you got sterilized, were you told about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	
318	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	→ 320
319	Were you told what to do if you experienced side effects or problems?	YES ..... 1 NO ..... 2	
320	CHECK 317:  <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p> <input type="checkbox"/> <p>↓</p> </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p> <input type="checkbox"/> <p>↓</p> </div> </div> <p>At that time, were you told about other methods of family planning that you could use?</p> <p>When you obtained (CURRENT METHOD FROM 314) from (SOURCE OF METHOD FROM 307 OR 315), were you told about other methods of family planning that you could use?</p>	YES ..... 1 NO ..... 2	→ 322
321	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES ..... 1 NO ..... 2	
322	CHECK 304:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 IUD ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 PILL ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 LACTATIONAL AMEN. METHOD ..... 11 RHYTHM METHOD ..... 12 WITHDRAWAL ..... 13 OTHER MODERN METHOD ..... 95 OTHER TRADITIONAL METHOD ..... 96	→ 326          → 326
323	Where did you obtain (CURRENT METHOD) the last time?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 GOVT. HEALTH POST ..... 13 FIELDWORKER ..... 14 OTHER PUBLIC ..... 15 SECTOR _____ 16 (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... 21 PHARMACY ..... 22 PRIVATE DOCTOR ..... 23 FIELDWORKER ..... 25 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY)  NGO MEDICAL SECTOR NGO HOSPITAL/CLINIC ..... 31 NGO MOBILE CLINIC ..... 32 FAMILY PLANNING CLINIC ..... 33 OTHER NGO MEDICAL SECTOR _____ .36 (SPECIFY)  OTHER SOURCE SHOP ..... 41 FRIEND/RELATIVE ..... 42  OTHER _____ 96 (SPECIFY)	→ 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	Do you know of a place where you can obtain a method of family planning?	YES ..... 1 NO ..... 2	→ 326
325	Where is that? Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL ..... A GOVT. HEALTH CENTER ..... B GOVT. HEALTH POST ..... C FIELDWORKER ..... D OTHER PUBLIC SECTOR ..... E (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... F PHARMACY ..... G PRIVATE DOCTOR ..... H FIELDWORKER ..... I OTHER PRIVATE MEDICAL SECTOR ..... J (SPECIFY)  NGO MEDICAL SECTOR NGO HOSPITAL/CLINIC ..... K NGO MOBILE CLINIC ..... L FAMILY PLANNING CLINIC ..... M OTHER NGO MEDICAL SECTOR ..... N (SPECIFY)  OTHER SOURCE SHOP ..... O FRIEND / RELATIVE ..... P HOTELS..... Q WORKPLACE..... R  OTHER ..... X (SPECIFY)	
326	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	YES ..... 1 NO ..... 2	
327	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES ..... 1 NO ..... 2	→ 401
328	Did any staff member at the health facility speak to you about family planning methods?	YES ..... 1 NO ..... 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2008 OR LATER <input type="checkbox"/> NO BIRTHS IN 2008 OR LATER <input type="checkbox"/> → 556			
402	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2008 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)			
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES ..... 1 (SKIP TO 408) ← NO ..... 2	YES ..... 1 (SKIP TO 430) ← NO ..... 2	YES ..... 1 (SKIP TO 430) ← NO ..... 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER ..... 1 NO MORE ..... 2 (SKIP TO 408) ←	LATER ..... 1 NO MORE ..... 2 (SKIP TO 430) ←	LATER ..... 1 NO MORE ..... 2 (SKIP TO 430) ←
407	How much longer did you want to wait?	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998
408	Did you see anyone for antenatal care for this pregnancy?	YES ..... 1 NO ..... 2 (SKIP TO 415) ←		
409	Whom did you see?  Anyone else?  PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR ..... A NURSE / MIDWIFE B AUXILIARY NURSE ..... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D COMMUNITY/ VILLAGE HEALTH WORKER ... E  OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>HOME</p> <p>YOUR HOME ... A</p> <p>OTHER HOME ... B</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL C</p> <p>GOVT. HEALTH CENTER ..... D</p> <p>GOVT. HEALTH POST ..... E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC ..... G</p> <p>OTHER PRIVATE MED. SECTOR _____ L</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL/ CLINIC ..... M</p> <p>OTHER NGO MED. SECTOR _____ O</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>		
411	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>		
412	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>		
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>Was your blood pressure measured?</p> <p>Did you give a urine sample?</p> <p>Did you give a blood sample?</p>	<p>YES NO</p> <p>BP ..... 1 2</p> <p>URINE ..... 1 2</p> <p>BLOOD ... 1 2</p>		
414	<p>During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES ..... 1 NO ..... 2 (SKIP TO 418) ←   DON'T KNOW ..... 8		
416	During this pregnancy, how many times did you get a tetanus injection?	TIMES ..... <input type="text"/> DON'T KNOW ..... 8		
417	CHECK 416:	2 OR MORE OTHER TIMES <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 421) ↓		
418	At any time before this pregnancy, did you receive any tetanus injections?	YES ..... 1 NO ..... 2 (SKIP TO 421) ←   DON'T KNOW ..... 8		
419	Before this pregnancy, how many times did you receive a tetanus injection?  IF 7 OR MORE TIMES, RECORD '7'.	TIMES ..... <input type="text"/> DON'T KNOW ..... 8		
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO ..... <input type="text"/> <input type="text"/>		
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?  SHOW TABLETS/SYRUP.	YES ..... 1 NO ..... 2 (SKIP TO 423) ←   DON'T KNOW ..... 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
424	During this pregnancy, did you take any drugs to keep you from getting malaria?	YES ..... 1 NO ..... 2 (SKIP TO 430) ←   DON'T KNOW ..... 8		



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
425	What drugs did you take?  RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR ..... A CHLOROQUINE .... B  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z		
426	CHECK 425:  SP/FANSIDAR TAKEN FOR MALARIA PREVENTION.	CODE 'A'      CODE CIRCLED      A' NOT CIRCLED <input type="checkbox"/>  ↓ (SKIP TO 430) ←		
427	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES ..... <input type="text"/> <input type="text"/>		
428	CHECK 409:  ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A',      OTHER 'B' OR 'C' CIRCLED <input type="checkbox"/>  ↓ (SKIP TO 430) ←		
429	Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT .. 1 ANOTHER FACILITY VISIT ..... 2 OTHER SOURCE      6		
430	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8
431	Was (NAME) weighed at birth?	YES ..... 1  NO ..... 2 (SKIP TO 433) ← DON'T KNOW ..... 8	YES ..... 1  NO ..... 2 (SKIP TO 433) ← DON'T KNOW ..... 8	YES ..... 1  NO ..... 2 (SKIP TO 433) ← DON'T KNOW ..... 8
432	How much did (NAME) weigh?  RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW      99998	KG FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW      99998	KG FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW      99998

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____								
433	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE B AUXILIARY NURSE . . . . . C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y</p>	<p>HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE B AUXILIARY NURSE . . . . . C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y</p>	<p>HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE B AUXILIARY NURSE . . . . . C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y</p>								
434	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME . . . 11 (SKIP TO 438) ← OTHER HOME . . . 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. HEALTH POST . . . . . 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)</p> <p>NGO MED. SECTOR NGO. HOSPITAL/ CLINIC . . . . . 41 OTHER NGO MED. SECTOR _____ 46 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 438) ←</p>	<p>HOME YOUR HOME . . . 11 (SKIP TO 448) ← OTHER HOME . . . 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. HEALTH POST . . . . . 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)</p> <p>NGO MED. SECTOR NGO. HOSPITAL/ CLINIC . . . . . 41 OTHER NGO MED. SECTOR _____ 46 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 448) ←</p>	<p>HOME YOUR HOME . . . 11 (SKIP TO 448) ← OTHER HOME . . . 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. HEALTH POST . . . . . 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)</p> <p>NGO MED. SECTOR NGO. HOSPITAL/ CLINIC . . . . . 41 OTHER NGO MED. SECTOR _____ 46 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 448) ←</p>								
434A	<p>How long after you felt you were ready to give birth to (NAME) did you go there?</p> <p>IF 24 HOURS OR MORE, WRITE "24"</p>	<p>MINUTES 1 <table border="1" data-bbox="730 1648 858 1704"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>HOURS 2 <table border="1" data-bbox="730 1704 858 1760"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW . . . 998</p>										

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
434B	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW ... 998</p>								
435	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>						
436	<p>I would like to talk to you about checks on your health after delivery, for example ,someone, asking you questions about your health or examining you.</p> <p>Did any one check <b>on your health</b> while you were still in the facility?</p>	<p>YES ..... 1 (SKIP TO 439) ←</p> <p>NO ..... 2</p>								
437	<p>Did anyone check on your health after you left the facility?</p>	<p>YES ..... 1 (SKIP TO 439) ←</p> <p>NO ..... 2 (SKIP TO 442) ←</p>								
438	<p>I would like to talk to you about checks on your health after delivery, for example ,someone, asking you questions about your health or examining you.</p> <p>Did anyone check <b>on your health</b> after you gave birth to (NAME)?</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 442) ←</p>								
439	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR ..... 11</p> <p>NURSE/MIDWIFE 12</p> <p>AUXILIARY</p> <p>NURSE ..... 13</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>COMMUNITY/ VILLAGE HEALTH WORKER ... 22</p> <p>OTHER _____ 96 (SPECIFY)</p>								
440	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW ... 998</p>								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
441	CHECK 434:	11, 12 OR 96    OTHER CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 446) ↓		
442	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant <b>check on his/her</b> health?	YES ..... 1 NO ..... 2 (SKIP TO 446) ← <input type="checkbox"/> DON'T KNOW ..... 8		
443	How many hours, days or weeks after the birth of (NAME) did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH .. 1 <input type="checkbox"/> <input type="checkbox"/> DAYS AFTER BIRTH .. 2 <input type="checkbox"/> <input type="checkbox"/> WKS AFTER BIRTH .. 3 <input type="checkbox"/> <input type="checkbox"/>  DON'T KNOW ...    998		
444	Who checked on (NAME)'s health at that time?  PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR ..... 11 NURSE/MIDWIFE 12 AUXILIARY NURSE ..... 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY/ VILLAGE HEALTH WORKER ... 22  OTHER _____ 96 (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
445	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME . . . . 11</p> <p>OTHER HOME . . . . 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER . . . . . 22</p> <p>GOVT. HEALTH POST . . . . . 23</p> <p>OTHER PUBLIC SECTOR _____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC . . . . . 31</p> <p>OTHER PRIVATE MED. SECTOR _____ 36</p> <p>(SPECIFY)</p> <p>NGO MED. SECTOR</p> <p>NGO. HOSPITAL/ CLINIC . . . . . 41</p> <p>OTHER NGO MED. SECTOR _____ 46</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>		
446	<p>In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>DON'T KNOW . . . . . 8</p>		
447	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES . . . . . 1 (SKIP TO 449) ←</p> <p>NO . . . . . 2 (SKIP TO 450) ←</p>		
448	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>		<p>YES . . . . . 1</p> <p>NO . . . . . 2 (SKIP TO 452) ←</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2 (SKIP TO 452) ←</p>
449	<p>For how many months after the birth of (NAME) did you <u>not</u> have a period?</p>	<p>MONTHS . . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . . . . . 98</p>	<p>MONTHS . . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . . . . . 98</p>	<p>MONTHS . . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . . . . . 98</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT OR <input type="checkbox"/> NANT UNSURE (SKIP TO 452) ←		
451	Have you had sexual intercourse since the birth of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 453) ←		
452	For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
453	Did you ever breastfeed (NAME)?	YES ..... 1 (SKIP TO 455) ← NO ..... 2		
454	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 460) (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)		
455	How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO 458) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
457	What was (NAME) given to drink?  Anything else?  RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK ) A PLAIN WATER ... B SUGAR OR GLUCOSE WATER ... C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION ..... E FRUIT JUICE ..... F INFANT FORMULA G TEA/INFUSIONS ... H COFFEE ..... I HONEY ..... J  OTHER _____ X (SPECIFY)		
458	CHECK 404:  IS CHILD LIVING?	LIVING                      DEAD <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING                      DEAD <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING                      DEAD <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)
459	Are you still breastfeeding (NAME)?	YES ..... 1 NO ..... 2		
460	Did (NAME) drink anything from a <b>bottle with a nipple</b> yesterday or last night?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
461		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

501	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2008 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).											
502	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH				
		BIRTH HISTORY NUMBER	□	□	BIRTH HISTORY NUMBER	□	□	BIRTH HISTORY NUMBER	□	□		
503	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <input type="checkbox"/> ↓ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)			NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <input type="checkbox"/> ↓ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)			NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 553)				
504	Do you have a card where (NAME)'s vaccinations are written down? IF YES: May I see it please?	YES, SEEN ..... 1 (SKIP TO 506) ←	YES, NOT SEEN ..... 2 (SKIP TO 509) ←	NO CARD ..... 3	YES, SEEN ..... 1 (SKIP TO 506) ←	YES, NOT SEEN ..... 2 (SKIP TO 509) ←	NO CARD ..... 3	YES, SEEN ..... 1 (SKIP TO 506) ←	YES, NOT SEEN ..... 2 (SKIP TO 509) ←	NO CARD ..... 3		
505	Did you ever have a vaccination card for (NAME)?	YES ..... 1 (SKIP TO 509) ←	NO ..... 2		YES ..... 1 (SKIP TO 509) ←	NO ..... 2		YES ..... 1 (SKIP TO 509) ←	NO ..... 2			
506	(1) COPY DATES FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.											
		LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH				
		DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR		
BCG	BCG											
HEP B AT BIRTH	HO											
POLIO AT BIRTH (PO)	OPV0											
POLIO 1	OPV1											
POLIO 2	OPV2											
POLIO 3	OPV3											
POLIO 4	OPV4											
POLIO BOOSTER	OPV5											
DPT-HIB1/PENTA 1	DPT1/P1											
DPT-HIB2/PENTA 2	DPT2/P2											
DPT-HIB3/PENTA 3	DPT1/P3											
DPT-HIB 4(BOOSTER)	DPT4											
PNEUMO 1	PNE 1											
PNEUMO 2	PNE 2											
PNEUMO 3	PNE 3											
MEASLES / MMR 1	MEAS. 1											
MEASLES / MMR 2	MEAS. 2											
YELLOW FEVER	YF											
VITAMIN A (MOST RECENT)	VIT A											



507	CHECK 506:	BCG TO YELLOW FEVER ALL RECORDED <input data-bbox="438 197 481 230" type="checkbox"/> ↓ (GO TO 511)	OTHER <input data-bbox="678 185 715 230" type="checkbox"/> ↓	BCG TO YELLOW FEVER ALL RECORDED <input data-bbox="810 197 853 230" type="checkbox"/> ↓ (GO TO 511)	OTHER <input data-bbox="1045 185 1082 230" type="checkbox"/> ↓	BCG TO YELLOW FEVER ALL RECORDED <input data-bbox="1173 197 1216 230" type="checkbox"/> ↓ (GO TO 511)	OTHER <input data-bbox="1428 185 1465 230" type="checkbox"/> ↓
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NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
508	<p>Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES ..... 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>(SKIP TO 511) ←</p> <p>NO ..... 2 (SKIP TO 511) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>(SKIP TO 511) ←</p> <p>NO ..... 2 (SKIP TO 511) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>(SKIP TO 511) ←</p> <p>NO ..... 2 (SKIP TO 511) ←</p> <p>DON'T KNOW ..... 8</p>
509	<p>Did (NAME) ever have any vaccinations to prevent him / her from getting diseases, including vaccinations received in a national immunization day campaign?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 511) ← DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 511) ← DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 511) ← DON'T KNOW ..... 8</p>
510	<p>Please tell me if (NAME) had any of the following vaccinations:</p>			
510A	<p>A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>
510B	<p>Polio vaccine, that is, drops in the mouth?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 510E) ← DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 510E) ← DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 510E) ← DON'T KNOW ..... 8</p>
510C	<p>Was the first polio vaccine given in the first two weeks after birth or later?</p>	<p>FIRST 2 WEEKS ... 1 LATER ..... 2</p>	<p>FIRST 2 WEEKS ... 1 LATER ..... 2</p>	<p>FIRST 2 WEEKS ... 1 LATER ..... 2</p>
510D	<p>How many times was the polio vaccine given?</p>	<p>NUMBER OF TIMES ..... <input type="text"/></p>	<p>NUMBER OF TIMES ..... <input type="text"/></p>	<p>NUMBER OF TIMES ..... <input type="text"/></p>
510E	<p>A DPT-HepB-Hib vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 510G) ← DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 510G) ← DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 510G) ← DON'T KNOW ..... 8</p>
510F	<p>How many times was the DPT-HepB-Hib vaccination given?</p>	<p>NUMBER OF TIMES ..... <input type="text"/></p>	<p>NUMBER OF TIMES ..... <input type="text"/></p>	<p>NUMBER OF TIMES ..... <input type="text"/></p>
510G	<p>A measles injection or an Measles injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>
510H	<p>A yellow fever injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting yellow fever?</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
511	<p>Within the last six months, was (NAME) given a vitamin A dose like (this / any of these)?</p> <p>SHOW COMMON TYPES OF AMPULES / CAPSULES / SYRUPS.</p>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
512	<p>In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like (this/any of these)?</p> <p>SHOW COMMON TYPES OF PILLS/SPRINKLES/ SYRUPS.</p>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
513	<p>Was (NAME) given any drug for intestinal worms in the last six months?</p>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
514	<p>Has (NAME) had diarrhea in the last 2 weeks?</p>	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8
515	<p>Was there any blood in the stools?</p>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
516	<p>Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk).</p> <p>Was he/she given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p>	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8
517	<p>When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p>	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ..... 5 NEVER GAVE FOOD ..... 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ..... 5 NEVER GAVE FOOD ..... 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ..... 5 NEVER GAVE FOOD ..... 6 DON'T KNOW ..... 8
518	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	YES ..... 1 NO ..... 2 (SKIP TO 522) ←	YES ..... 1 NO ..... 2 (SKIP TO 522) ←	YES ..... 1 NO ..... 2 (SKIP TO 522) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
519	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C FIELDWORKER E OTHER PUBLIC SECTOR F _____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC ..... G PHARMACY ... H PVT DOCTOR ... I FIELDWORKER K OTHER PRIVATE MED. SECTOR L _____ (SPECIFY)</p> <p>NGO MED. SECTOR NGO. HOSPITAL/ CLINIC ..... M OTHER NGO MED. SECTOR N _____ (SPECIFY)</p> <p>OTHER SOURCE SHOP ..... O TRADITIONAL PRACTITIONER P MARKET ..... Q OTHER ..... X _____ (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C FIELDWORKER E OTHER PUBLIC SECTOR F _____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC ..... G PHARMACY ... H PVT DOCTOR ... I FIELDWORKER K OTHER PRIVATE MED. SECTOR L _____ (SPECIFY)</p> <p>NGO MED. SECTOR NGO. HOSPITAL/ CLINIC ..... M OTHER NGO MED. SECTOR N _____ (SPECIFY)</p> <p>OTHER SOURCE SHOP ..... O TRADITIONAL PRACTITIONER P MARKET ..... Q OTHER ..... X _____ (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C FIELDWORKER E OTHER PUBLIC SECTOR F _____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC ..... G PHARMACY ... H PVT DOCTOR ... I FIELDWORKER K OTHER PRIVATE MED. SECTOR L _____ (SPECIFY)</p> <p>NGO MED. SECTOR NGO. HOSPITAL/ CLINIC ..... M OTHER NGO MED. SECTOR N _____ (SPECIFY)</p> <p>OTHER SOURCE SHOP ..... O TRADITIONAL PRACTITIONER P MARKET ..... Q OTHER ..... X _____ (SPECIFY)</p>
520	CHECK 519:	<p>TWO OR ONLY MORE ONE <input type="checkbox"/> CODES CODE <input type="checkbox"/> CIRCLED CIRCLED</p> <p>(SKIP TO 522) ←</p>	<p>TWO OR ONLY MORE ONE <input type="checkbox"/> CODES CODE <input type="checkbox"/> CIRCLED CIRCLED</p> <p>(SKIP TO 522) ←</p>	<p>TWO OR ONLY MORE ONE <input type="checkbox"/> CODES CODE <input type="checkbox"/> CIRCLED CIRCLED</p> <p>(SKIP TO 522) ←</p>
521	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 519.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
522	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhea:</p> <p>a) A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]?</p> <p>B) A government-recommended homemade fluid?</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
523	Was anything (else) given to treat the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8
524	What (else) was given to treat the diarrhea?  Anything else?  RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ..... B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUP ... E  INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTIC ..... G UNKNOWN INJECTION ... H  (IV) INTRAVENOUS ..... I  HOME REMEDY/ HERBAL MEDICINE ..... J  OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ..... B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUP ... E  INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTIC ..... G UNKNOWN INJECTION ... H  (IV) INTRAVENOUS ..... I  HOME REMEDY/ HERBAL MEDICINE ..... J  OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ..... B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUP ... E  INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTIC ..... G UNKNOWN INJECTION ... H  (IV) INTRAVENOUS ..... I  HOME REMEDY/ HERBAL MEDICINE ..... J  OTHER _____ X (SPECIFY)
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 527) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 527) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 527) ← DON'T KNOW ..... 8
526	At any time during the illness, did (NAME) have blood taken from his /her finger or heel for testing?	YES ..... 1 NO ..... 2  DON'T KNOW ..... 8	YES ..... 1 NO ..... 2  DON'T KNOW ..... 8	YES ..... 1 NO ..... 2  DON'T KNOW ..... 8
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8
528	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES ..... 1 NO ..... 2 (SKIP TO 531) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 531) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 531) ← DON'T KNOW ..... 8
529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 531) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____		NAME _____		NAME _____	
530	CHECK 525:  HAD FEVER?	YES <input type="checkbox"/> ↓	NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> ↓	NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> ↓	NO OR DK <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
531	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink?  IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8
532	When (NAME) had a (fever / cough), was he / she given less than usual to eat, about the same amount, more than usual, or nothing to eat?  IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8
533	Did you seek advice or treatment for the illness from any source?	YES ..... 1 NO ..... 2 (SKIP TO 537) ←	YES ..... 1 NO ..... 2 (SKIP TO 537) ←	YES ..... 1 NO ..... 2 (SKIP TO 537) ←	YES ..... 1 NO ..... 2 (SKIP TO 537) ←	YES ..... 1 NO ..... 2 (SKIP TO 537) ←	YES ..... 1 NO ..... 2 (SKIP TO 537) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
534	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER ..... B</p> <p>GOVT HEALTH POST ..... C</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC SECTOR F</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC ..... G</p> <p>PHARMACY ... H</p> <p>PVT DOCTOR ... I</p> <p>FIELDWORKER K</p> <p>OTHER PRIVATE MED. SECTOR L</p> <p>_____ (SPECIFY)</p> <p>NGO MED. SECTOR</p> <p>NGO. HOSPITAL/CLINIC ..... M</p> <p>OTHER NGO MED. SECTOR N</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... O</p> <p>TRADITIONAL PRACTITIONER P</p> <p>MARKET ..... Q</p> <p>OTHER ..... X</p> <p>_____ (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER ..... B</p> <p>GOVT HEALTH POST ..... C</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC SECTOR F</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC ..... G</p> <p>PHARMACY ... H</p> <p>PVT DOCTOR ... I</p> <p>FIELDWORKER K</p> <p>OTHER PRIVATE MED. SECTOR L</p> <p>_____ (SPECIFY)</p> <p>NGO MED. SECTOR</p> <p>NGO. HOSPITAL/CLINIC ..... M</p> <p>OTHER NGO MED. SECTOR N</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... O</p> <p>TRADITIONAL PRACTITIONER P</p> <p>MARKET ..... Q</p> <p>OTHER ..... X</p> <p>_____ (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER ..... B</p> <p>GOVT HEALTH POST ..... C</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC SECTOR F</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC ..... G</p> <p>PHARMACY ... H</p> <p>PVT DOCTOR ... I</p> <p>FIELDWORKER K</p> <p>OTHER PRIVATE MED. SECTOR L</p> <p>_____ (SPECIFY)</p> <p>NGO MED. SECTOR</p> <p>NGO. HOSPITAL/CLINIC ..... M</p> <p>OTHER NGO MED. SECTOR N</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... O</p> <p>TRADITIONAL PRACTITIONER P</p> <p>MARKET ..... Q</p> <p>OTHER ..... X</p> <p>_____ (SPECIFY)</p>
535	CHECK 534:	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 537) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 537) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 537) ←</p>
536	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 534.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
537	<p>At any time during the illness, did (NAME) take any drugs for the illness?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)</p> <p>DON'T KNOW ..... 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
538	What drugs did (NAME) take?  Any other drugs?  RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE B AMODIAQUINE C QUININE ..... D COMBINATION WITH ARTEMISININ (COARTEM) . E OTHER ANTI- MALARIAL _____ ... F (SPECIFY)  ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER ANTI- BIOTIC I  OTHER DRUGS ASPIRIN ..... J ACETA- MINOPHEN ... K IBUPROFEN ... L PANADOL / PARASITAMOL M OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B AMODIAQUINE C QUININE ..... D COMBINATION WITH ARTEMISININ (COARTEM) E OTHER ANTI- MALARIAL _____ ... F (SPECIFY)  ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER ANTI- BIOTIC I  OTHER DRUGS ASPIRIN ..... J ACETA- MINOPHEN ... K IBUPROFEN ... L PANADOL / PARASITAMOL M OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE B AMODIAQUINE C QUININE ..... D COMBINATION WITH ARTEMISININ (COARTEM) E OTHER ANTI- MALARIAL _____ ... F (SPECIFY)  ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER ANTI- BIOTIC I  OTHER DRUGS ASPIRIN ..... J ACETA- MINOPHEN ... K IBUPROFEN ... L PANADOL / PARASITAMOL M OTHER _____ X (SPECIFY) DON'T KNOW ..... Z
539	CHECK 538: ANY CODE A-F CIRCLED?	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
540	CHECK 538: SP/FANSIDAR ('A') GIVEN	CODE 'A' CODE 'A' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 542) ←	CODE 'A' CODE 'A' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 542) ←	CODE 'A' CODE 'A' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 542) ←
541	How long after the fever started did (NAME) first take (SP/Fansidar)?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
542	CHECK 538:  CHLOROQUINE ('B') GIVEN	CODE 'B'      CODE 'B' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                              ↓ (SKIP TO 544) ←	CODE 'B'      CODE 'B' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                              ↓ (SKIP TO 544) ←	CODE 'B'      CODE 'B' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                              ↓ (SKIP TO 544) ←
543	How long after the fever started did (NAME) first take chloroquine?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8
544	CHECK 538:  AMODIAQUINE ('C') GIVEN	CODE 'C'      CODE 'C' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                              ↓ (SKIP TO 546) ←	CODE 'C'      CODE 'C' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                              ↓ (SKIP TO 546) ←	CODE 'C'      CODE 'C' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                              ↓ (SKIP TO 546) ←
545	How long after the fever started did (NAME) first take amodiaquine?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8
546	CHECK 538:  QUININE ('D') GIVEN	CODE 'D'      CODE 'D' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                              ↓ (SKIP TO 548) ←	CODE 'D'      CODE 'D' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                              ↓ (SKIP TO 548) ←	CODE 'D'      CODE 'D' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                              ↓ (SKIP TO 548) ←
547	How long after the fever started did (NAME) first take quinine?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8
548	CHECK 538:  COMBINATION WITH ARTEMISININ ('E') GIVEN	CODE 'E'      CODE 'E' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                              ↓ (SKIP TO 550) ←	CODE 'E'      CODE 'E' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                              ↓ (SKIP TO 550) ←	CODE 'E'      CODE 'E' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                              ↓ (SKIP TO 550) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____		NAME _____		NAME _____	
549	How long after the fever started did (NAME) first take (COMBINATION WITH ARTEMISININ - (COARTEM))?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8		SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8		SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8	
550	CHECK 538:  OTHER ANTIMALARIAL ('F') GIVEN	CODE 'F' CIRCLED <input type="checkbox"/>  ↓  (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	CODE 'F' NOT CIRCLED <input type="checkbox"/>  ↓  (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	CODE 'F' CIRCLED <input type="checkbox"/>  ↓  (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	CODE 'F' NOT CIRCLED <input type="checkbox"/>  ↓  (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	CODE 'F' CIRCLED <input type="checkbox"/>  ↓  (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)	CODE 'F' NOT CIRCLED <input type="checkbox"/>  ↓  (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
551	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8		SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8		SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8	
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.		GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553.	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2008 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 554</p> <p>_____</p> <p>(NAME)</p>		556
554	<p>The last time (NAME FROM 553) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET OR LATRINE . . . 01 PUT/RINSED INTO TOILET OR LATRINE . . . . . 02 PUT/RINSED INTO DRAIN OR DITCH . . . . . 03 THROWN INTO GARBAGE . . . . . 04 BURIED . . . . . 05 LEFT IN THE OPEN . . . . . 06 OTHER _____ 96 (SPECIFY)</p>	
555	<p>CHECK 522(a) AND 522(b), ALL COLUMNS:</p> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></p>		557
556	<p>Have you ever heard of a special product called ORS you can get for the treatment of diarrhea?</p>	<p>YES . . . . . 1 NO . . . . . 2</p>	
557	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2010 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 558</p> <p>_____</p> <p>(NAME)</p>		601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
558	<p>Now I would like to ask you about liquids or foods that (NAME FROM 557) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.</p> <p>Did (NAME FROM 557) (drink/eat):</p>	<p>YES NO DK</p>	
	a) Plain water?	a) 1 2 8	
	b) Juice or juice drinks?	b) 1 2 8	
	c) Clear broth?	c) 1 2 8	
	<p>d) Milk such as tinned, carton, bucket, powdered, or fresh animal milk?</p> <p>IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>d) 1 2 8</p> <p>NUMBER OF TIMES DRANK MILK <input type="text"/></p>	
	<p>e) Infant formula?</p> <p>IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>e) 1 2 8</p> <p>NUMBER OF TIMES DRANK FORMULA <input type="text"/></p>	
	f) Any other liquids?	f) 1 2 8	
	<p>g) Yogurt?</p> <p>IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>g) 1 2 8</p> <p>NUMBER OF TIMES ATE YOGURT <input type="text"/></p>	
	h) Any Cerelac, Dundal Njoboot?	h) 1 2 8	
	i) Bread, rice, porridge, or other foods made from grains?	i) 1 2 8	
	j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	j) 1 2 8	
	k) White potatoes, white yams, manioc, cassava, or any other foods made from roots?	k) 1 2 8	
	l) Any dark green, leafy vegetables?	l) 1 2 8	
	m) Ripe mangoes, papayas?	m) 1 2 8	
	n) Any other fruits or vegetables?	n) 1 2 8	
	o) Liver, kidney, heart or other organ meats?	o) 1 2 8	
	p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	p) 1 2 8	
	q) Eggs?	q) 1 2 8	
	r) Fresh or dried fish or shellfish?	r) 1 2 8	
	s) Any foods made from beans, peas, lentils, or nuts?	s) 1 2 8	
	t) Cheese or other food made from milk?	t) 1 2 8	
	u) Any other solid, semi-solid, or soft food?	u) 1 2 8	
559	CHECK 558 (CATEGORIES "g" THROUGH "u"):		
	<p>NOT A SINGLE "YES" <input type="checkbox"/></p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p>	<p>→</p>	561

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
560	<p>Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?</p>	<p>YES ..... 1  (GO BACK TO 558 TO RECORD ←  FOOD EATEN YESTERDAY)</p> <p>NO ..... 2 → 601</p>	
561	<p>How many times did (NAME FROM 557) eat solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF  TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>	

**SECTION 6. MARRIAGE AND SEXUAL ACTIVITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A MAN ..... 2 NO, NOT IN UNION ..... 3	→ 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A MAN ..... 2 NO ..... 3	→ 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	→ 609
604	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	
606	Does your (husband/partner) have other wives or does he live with other women as if married?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 609
607	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
608	Are you the first, second, ... wife?	RANK ..... <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	
610	CHECK 609:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE</p> <p>↓</p> <p>In what month and year did you start living with your (husband/partner)?</p> </div> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE</p> <p>↓</p> <p>Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</p> </div> </div>	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	→ 612
611	How old were you when you first started living with him?	AGE ..... <input type="text"/> <input type="text"/>	
612	<b>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>		
613	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.  How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE .....00  AGE IN YEARS ..... <input type="text"/> <input type="text"/>  FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER ..... 95	→ 628

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
614	<p>Now I would like to ask you some questions about your recent sexual activity. <b>Let me assure you again that your answers are completely confidential and will not be told to anyone.</b> If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p>										
615	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.</p> <p>IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO ..... 1</p> <p>WEEKS AGO ..... 2</p> <p>MONTHS AGO ..... 3</p> <p>YEARS AGO ..... 4</p>	<table border="1" data-bbox="1217 286 1318 510"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p>→ 627</p>								

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>
617	The last time you had sexual intercourse with this (second/third) person, was a male condom or female condom used?	YES ..... 1 NO ..... 2 (SKIP TO 619) ←	YES ..... 1 NO ..... 2 (SKIP TO 619) ←	YES ..... 1 NO ..... 2 (SKIP TO 619) ←
618	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
619	What was your relationship to this person with whom you had sexual intercourse?  IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND ..... 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE 4 CLIENT/COM.SEX WOR 5 OTHER ..... 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND ..... 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE 4 CLIENT/COM.SEX WOR 5 OTHER ..... 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND ..... 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE 4 CLIENT/COM.SEX WOR 5 OTHER ..... 6 (SPECIFY) (SKIP TO 622) ←
620	CHECK 609:	MARRIED ONLY ONCE <input type="checkbox"/> ↓ (SKIP TO 622)	MARRIED MORE THAN ONCE <input type="checkbox"/> ↓ (SKIP TO 622)	MARRIED MORE THAN ONCE <input type="checkbox"/> ↓ (SKIP TO 622)
621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND ↓ (SKIP TO 623)	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND ↓ (SKIP TO 623)	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND ↓ (SKIP TO 623)
622	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>
623	How many times during the last 12 months did you have sexual intercourse with this person?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
624	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98
625	Apart from (this person/these two people), have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 (GO BACK TO 616 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 627) ←	YES ..... 1 (GO BACK TO 616 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 627) ←	
626	In total, with how many different people have you had sexual intercourse in the last 12 months?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/>  DON'T KNOW ... 98



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
627	<p>In total, with how many different people have you had sexual intercourse in your <b>lifetime</b>?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.</p>	<p>NUMBER OF PARTNERS IN LIFETIME ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>													
628	<p>PRESENCE OF OTHERS DURING THIS SECTION</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>CHILDREN &lt;10 .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MALE ADULTS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FEMALE ADULTS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	CHILDREN <10 .....	1	2	MALE ADULTS .....	1	2	FEMALE ADULTS .....	1	2	
	YES	NO													
CHILDREN <10 .....	1	2													
MALE ADULTS .....	1	2													
FEMALE ADULTS .....	1	2													
629	<p>Do you know of a place where a person can get condoms?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 632												
630	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>FAMILY PLANNING CLINIC ..... C</p> <p>FIELDWORKER ..... E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... G</p> <p>PHARMACY ..... H</p> <p>PRIVATE DOCTOR ..... I</p> <p>FIELDWORKER ..... K</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ L</p> <p style="text-align: center;">(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL/CLINIC ..... M</p> <p>NGO MOBILE CLINIC ..... N</p> <p>OTHER NGO MEDICAL SECTOR _____ O</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... P</p> <p>FRIENDS/RELATIVES ..... R</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p>													
631	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>													
632	<p>Do you know of a place where a person can get female condoms?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 701												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
633	<p>Where is that?</p> <p>Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>FAMILY PLANNING CLINIC ..... C</p> <p>FIELDWORKER ..... E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... G</p> <p>PHARMACY ..... H</p> <p>PRIVATE DOCTOR ..... I</p> <p>FIELDWORKER ..... K</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ L</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL/CLINIC ..... M</p> <p>NGO MOBILE CLINIC ..... N</p> <p>OTHER NGO MEDICAL SECTOR _____ O</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... P</p> <p>FRIENDS/RELATIVES ..... R</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
634	<p>If you wanted to, could you yourself get a female condom?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	

**SECTION 7. FERTILITY PREFERENCES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		712
702	CHECK 226: PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input type="checkbox"/>		704
703	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD ..... 1 NO MORE/NONE ..... 2 UNDECIDED/DON'T KNOW ..... 8	→ 705 → 711
704	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	→ 707 → 712 → 710
705	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 <input type="text"/> YEARS ..... 2 <input type="text"/> SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT ..... 994 AFTER MARRIAGE ..... 995 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	→ 710 → 712 → 710
706	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		711
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		712
708	CHECK 705: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/>	00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>	→ 711

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	<p>CHECK 704:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED ..... A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX ..... B</p> <p>INFREQUENT SEX ..... C</p> <p>MENOPAUSAL/HYSTERECTOMY ..... D</p> <p>CAN'T GET PREGNANT ..... E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH ..... F</p> <p>BREASTFEEDING ..... G</p> <p>UP TO GOD/FATALISTIC ..... H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED ..... I</p> <p>HUSBAND/PARTNER OPPOSED ... J</p> <p>OTHERS OPPOSED ..... K</p> <p>RELIGIOUS PROHIBITION ..... L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD ..... M</p> <p>KNOWS NO SOURCE ..... N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS ..... O</p> <p>LACK OF ACCESS/TOO FAR ..... P</p> <p>COSTS TOO MUCH ..... Q</p> <p>PREFERRED METHOD NOT AVAILABLE ..... R</p> <p>NO METHOD AVAILABLE ..... S</p> <p>INCONVENIENT TO USE ..... T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
710	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>↓</p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		→ 712
711	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
712	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE ..... 00 → 714</p> <p>NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 → 714 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">BOYS</td> <td style="text-align: center;">GIRLS</td> <td style="text-align: center;">EITHER</td> </tr> <tr> <td style="text-align: right;">NUMBER</td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> </table> <p>OTHER _____ 96 (SPECIFY)</p>		BOYS	GIRLS	EITHER	NUMBER																							
	BOYS	GIRLS	EITHER																											
NUMBER																														
714	<p>In the last few months have you:</p> <p>Heard about family planning on the radio?            Seen anything about family planning on the television?            Read about family planning in a newspaper or magazine?            Heard about family planning through peer health education?            Heard about family planning from friends/Relatives?            Read about family planning from traditional communicators?            Read about family planning from the internet?            Heard about family planning from a Health personel/worker?</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>RADIO .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PEER HEALTH EDUCATION .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FRIENDS/RELATIVES .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TRAD COMMUNICATORS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>INTERNET</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEALTH PERSONEL/WORKER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	RADIO .....	1	2	TELEVISION .....	1	2	NEWSPAPER OR MAGAZINE ...	1	2	PEER HEALTH EDUCATION .....	1	2	FRIENDS/RELATIVES .....	1	2	TRAD COMMUNICATORS	1	2	INTERNET	1	2	HEALTH PERSONEL/WORKER	1	2	
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TRAD COMMUNICATORS	1	2																												
INTERNET	1	2																												
HEALTH PERSONEL/WORKER	1	2																												
716	<p>CHECK 601:</p> <p>YES, CURRENTLY MARRIED <input type="checkbox"/>      YES, LIVING WITH A MAN <input type="checkbox"/>      NO, NOT IN UNION <input type="checkbox"/></p>		→ 801																											
717	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>CURRENTLY USING <input type="checkbox"/>      NOT CURRENTLY USING OR NOT ASKED <input type="checkbox"/></p>		→ 720																											
718	<p>Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?</p>	<p>MAINLY RESPONDENT ..... 1            MAINLY HUSBAND/PARTNER ..... 2            JOINT DECISION ..... 3            OTHER _____ 6            (SPECIFY)</p>																												
719	<p>CHECK 304:</p> <p>NEITHER STERILIZED <input type="checkbox"/>      HE OR SHE STERILIZED <input type="checkbox"/></p>		→ 801																											
720	<p>Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?</p>	<p>SAME NUMBER ..... 1            MORE CHILDREN ..... 2            FEWER CHILDREN ..... 3            DON'T KNOW ..... 8</p>																												

**SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602:  CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/>		→ 803 → 807
802	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
803	Did your (last) (husband/partner) ever attend school?	YES ..... 1 NO ..... 2	→ 806
804A	What type of school system did your (last) (husband/partner) attend?	COVENTIONAL ..... 1 MADRASSA ..... 2	
804	What was the highest level of school he attended: primary, secondary, or higher?	PRE-SCHOOL ..... 0 PRE-SCHOOL (MADRASSA) ..... 1 PRIMARY ..... 2 PRIMARY (MADRASSA) ..... 3 SECONDARY (UPPER BASIC/JUNIOR/ SENIOR) ..... 4 SECONDARY (MADRASSA) ..... 5 HIGHER (TERTIARY, UNIVERSITY, COLLEGE) ..... 6 VOCATIONAL ..... 7 DK ..... 8	→ 806
805	What was the highest (grade/form/year) he completed at that level?  IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE ..... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	
806	CHECK 801:  CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/>  What is your (husband's/ partner's) occupation? That is, what kind of work does he mainly do?                        What was your (last) (husband's/ partner's) occupation? That is, what kind of work did he mainly do?	<input type="text"/> <input type="text"/> _____ _____ _____	
807	Aside from your own housework, have you done any work in the last seven days?	YES ..... 1 NO ..... 2	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES ..... 1 NO ..... 2	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES ..... 1 NO ..... 2	→ 811
810	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 815
811	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> _____ _____ _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER ..... 1 FOR SOMEONE ELSE ..... 2 SELF-EMPLOYED ..... 3	
813	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR ..... 2 ONCE IN A WHILE ..... 3	
814	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	
815	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→823
816	CHECK 814: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→819
817	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER ..... 6 (SPECIFY)	
818	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM ..... 1 LESS THAN HIM ..... 2 ABOUT THE SAME ..... 3 HUSBAND/PARTNER HAS NO EARNINGS ..... 4 DON'T KNOW ..... 8	→ 820
819	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 HUSBAND/PARTNER HAS NO EARNINGS ..... 4 OTHER ..... 6 (SPECIFY)	
820	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE ..... 4 OTHER ..... 6	
821	Who usually makes decisions about making major household purchases?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE ..... 4 OTHER ..... 6	
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE ..... 4 OTHER ..... 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY ..... 1 JOINTLY ONLY ..... 2 BOTH ALONE AND JOINTLY ..... 3 DOES NOT OWN ..... 4																																	
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY ..... 1 JOINTLY ONLY ..... 2 BOTH ALONE AND JOINTLY ..... 3 DOES NOT OWN ..... 4																																	
825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="1"> <thead> <tr> <th></th> <th>PRES./ LISTEN.</th> <th>PRES./ NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN &lt; 10</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3													
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826	<p>Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>[a] If she goes out without telling him? [b] If she neglects the children? [c] If she argues with him? [d] If she refuses to have sex with him? [e] If she burns the food? [f] Using contraceptives without the consent of the husband? [g] If she argues with the husband/partner's relatives?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>USING CONTRACEPTIVE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES W. RELATIVES</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGL. CHILDREN	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	BURNS FOOD	1	2	8	USING CONTRACEPTIVE	1	2	8	ARGUES W. RELATIVES	1	2	8	
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SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 937																
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
903	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
906	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
908	Can the virus that causes AIDS be transmitted from a mother to her baby:  During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>DURING PREG. ....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>BREASTFEEDING ...</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	DURING PREG. ....	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8	
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DURING DELIVERY ...	1	2	8																
BREASTFEEDING ...	1	2	8																
909	CHECK 908: AT LEAST ONE 'YES' <input type="checkbox"/> ↓	OTHER <input type="checkbox"/> _____	→ 911																
910	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
911	CHECK 208 AND 215:  LAST BIRTH SINCE JANUARY 2010 <input type="checkbox"/> ↓	NO BIRTHS <input type="checkbox"/> _____ LAST BIRTH BEFORE JANUARY 2010 <input type="checkbox"/> _____	→ 926 → 926																
912	CHECK 408 FOR LAST BIRTH: HAD ANTENATAL CARE <input type="checkbox"/> ↓	NO ANTENATAL CARE <input type="checkbox"/> _____	→ 920																
913	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
914	During any of the antenatal visits for your last birth were you given any information about:  Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>AIDS FROM MOTHER</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>THINGS TO DO</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>TESTED FOR AIDS</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	AIDS FROM MOTHER	1	2	8	THINGS TO DO	1	2	8	TESTED FOR AIDS	1	2	8	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	Were you offered a test for the AIDS virus as part of your antenatal care?	YES ..... 1 NO ..... 2	
916	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES ..... 1 NO ..... 2	→ 920
917	Where was the test done?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 FAMILY PLANNING CLINIC ..... 14 OTHER PUBLIC SECTOR _____ 18 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 PHARMACY ..... 23 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL/CLINIC ..... 31 NGO MOBILE CLINIC ..... 32 OTHER NGO MEDICAL SECTOR _____ 33 (SPECIFY) OTHER SOURCE HOME ..... 41 CORRECTIONAL FACILITY ..... 42 OTHER _____ 96 (SPECIFY)	
918	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	→ 924
919	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 924
920	CHECK 434 FOR LAST BIRTH: ANY CODE <input type="checkbox"/> OTHER <input type="checkbox"/> 21-36 CIRCLED ↓		→ 926
921	Between the time you went for delivery but before the baby was born, were you offered a test for the AIDS virus?	YES ..... 1 NO ..... 2	
922	I don't want to know the results, but were you tested for the AIDS virus at that time?	YES ..... 1 NO ..... 2	→ 926
923	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	
924	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES ..... 1 NO ..... 2	→ 927
925	How many months ago was your most recent HIV test?	MONTHS AGO ..... <input type="text"/> <input type="text"/> TWO OR MORE YEARS ..... 95	→ 932

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
926	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES ..... 1 NO ..... 2	→ 930
927	How many months ago was your most recent HIV test?	MONTHS AGO ..... <input type="text"/> <input type="text"/> TWO OR MORE YEARS ..... 95	
928	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	
929	Where was the test done?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 FAMILY PLANNING CLINIC ..... 14 OTHER PUBLIC SECTOR ..... 18 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 PHARMACY ..... 23 FIELDWORKER ..... 25 OTHER PRIVATE MEDICAL SECTOR ..... 27 (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL/CLINIC ..... 31 NGO MOBILE CLINIC ..... 32 OTHER NGO MEDICAL SECTOR ..... 33 (SPECIFY) OTHER SOURCE HOME ..... 41 CORRECTIONAL FACILITY ..... 41 OTHER ..... 96 (SPECIFY)	→ 932
930	Do you know of a place where people can go to get tested for the AIDS virus?	YES ..... 1 NO ..... 2	→ 932

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
931	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>FAMILY PLANNING CLINIC ..... C</p> <p>OTHER PUBLIC SECTOR _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... E</p> <p>PHARMACY ..... F</p> <p>FIELDWORKER ..... G</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ H</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL/CLINIC ..... I</p> <p>NGO MOBILE CLINIC ..... J</p> <p>OTHER NGO MEDICAL SECTOR _____ K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME ..... L</p> <p>CORRECTIONAL FACILITY ..... M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
932	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
933	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
934	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
935	<p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED ..... 1</p> <p>SHOULD NOT BE ALLOWED ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
936	<p>Should children age 12-14 be taught about using a condom to avoid getting AIDS?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
937	<p>CHECK 901:</p> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> <p>.....</p> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
938	<p>CHECK 613:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>	<p>→ 946</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
939	CHECK 937: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?  YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> → 941		
940	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
941	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
942	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
943	CHECK 940, 941, AND 942: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> ↓ HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/> → 946		
944	The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 946
945	Where did you go?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B FAMILY PLANNING CLINIC ..... C OTHER PUBLIC SECTOR ..... D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... E PHARMACY ..... F FIELDWORKER ..... G OTHER PRIVATE MEDICAL SECTOR ..... H (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL/CLINIC ..... I NGO MOBILE CLINIC ..... J OTHER NGO MEDICAL SECTOR ..... K (SPECIFY) OTHER SOURCE HOME ..... L CORRECTIONAL FACILITY ..... M  OTHER ..... X (SPECIFY) (SPECIFY)	
946	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
947	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women other than his wives?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
948	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	→ 1001
949	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 8	
950	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 8	

## SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?  IF YES: How many injections have you had?  IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/>  NONE ..... 00	→1004
1002	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?  IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/>  NONE ..... 00	→1004
1003	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1004	Do you currently smoke cigarettes?	YES ..... 1 NO ..... 2	→1006
1005	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES ..... <input type="text"/> <input type="text"/>	
1006	Do you currently smoke or use any type of tobacco?	YES ..... 1 NO ..... 2	→1008
1007	What other type of tobacco do you currently smoke or use?  RECORD ALL MENTIONED.	PIPE ..... A CIGARS ..... B SNUFF ..... C OTHER _____ X (SPECIFY)	
1008	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?  Getting permission to go to the doctor?  Getting money needed for advice or treatment?  The distance to the health facility?  Not wanting to go alone?	BIG NOT A BIG PROB- PROB- LEM LEM PERMISSION TO GO ... 1 2 GETTING MONEY ..... 1 2 DISTANCE ..... 1 2 GO ALONE ..... 1 2	
1009	Are you covered by any health insurance?	YES ..... 1 NO ..... 2	→1011
1010	What type of health insurance are you covered by?  RECORD ALL MENTIONED.	HEALTH INSURANCE THROUGH EMPLOYER ..... A OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE B OTHER _____ X (SPECIFY)	
1011	Have you ever heard of female circumcision?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	→1013

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1012	In some countries, there is a practice in which a girl may have part of her genitals cut when she's still young. Have you ever heard about this practice?	YES ..... 1 NO ..... 2	→ 1101
1013	Have you ever been circumcised?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	→ 1018
1014	I would like to ask you what was done to you at that time. Was any flesh removed from the genital area?	YES ..... 1 NO ..... 2 DON'T KNOW / NOT SURE ..... 8	→ 1016
1015	Was the genital area just nicked without removing any flesh?	YES ..... 1 NO ..... 2 DON'T KNOW / NOT SURE ..... 8	
1016	How old were you when you were circumcised?  IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE	AGE ..... <input type="text"/> <input type="text"/>  DON'T KNOW / NOT SURE ..... 98	
1017	Who performed the circumcision?	HEALTH PERSONNEL DOCTOR ..... 11 NURSE/MIDWIFE ..... 12 AUXILIARY NURSE ..... 13 TRADITIONAL PRACTICIONER TRADITIONAL BIRTH ATTENDANT . 21 TRADITIONAL CIRCUMCISER ..... 22  OTHER _____ 23 (SPECIFY) DON'T KNOW / NOT SURE ..... 98	
1018	Do you approve of having young girls in your family being circumcised?	APPROVES ..... 1 DOES NOT APPROVE ..... 2 NOT SURE / UNDECIDED ..... 8	
1019	Would you prefer that the practice of circumcising young women in your community continue or is brought to an end?	CONTINUE ..... 1 COME TO AN END ..... 2 NOT SURE / UNDECIDED ..... 8	



**SECTION 11. MATERNAL MORTALITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1101	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.  How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER ..... <input type="text"/> <input type="text"/>						
1102	CHECK '1101:  TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>							1200
1103	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS ..... <input type="text"/> <input type="text"/>						
1104	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO '1108 DK ... 8 GO TO (2)	YES ... 1 NO ... 2 GO TO '1108 DK ... 8 GO TO (3)	YES ... 1 NO ... 2 GO TO '1108 DK ... 8 GO TO (4)	YES ... 1 NO ... 2 GO TO '1108 DK ... 8 GO TO (5)	YES ... 1 NO ... 2 GO TO '1108 DK ... 8 GO TO (6)	YES ... 1 NO ... 2 GO TO '1108 DK ... 8 GO TO (7)	
1107	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
1108	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO '1113 NO ... 2	YES ... 1 GO TO '1113 NO ... 2	YES ... 1 GO TO '1113 NO ... 2	YES ... 1 GO TO '1113 NO ... 2	YES ... 1 GO TO '1113 NO ... 2	YES ... 1 GO TO '1113 NO ... 2	
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO '1113 NO ... 2	YES ... 1 GO TO '1113 NO ... 2	YES ... 1 GO TO '1113 NO ... 2	YES ... 1 GO TO '1113 NO ... 2	YES ... 1 GO TO '1113 NO ... 2	YES ... 1 GO TO '1113 NO ... 2	
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1113	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
IF NO MORE BROTHERS OR SISTERS, GO TO '1200; IF THE RESPONDENT WAS SELECTED FOR THE DOMESTIC VIOLENCE MODULE IF THE WOMAN IS NOT SELECTED GO TO 1233								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1104	What was the name given to your oldest (next oldest) brother or sister?	(7)	(8)	(9)	(10)	(11)	(12)	
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO '1108 DK ... 8 GO TO (8)	YES ... 1 NO ... 2 GO TO '1108 DK ... 8 GO TO (9)	YES ... 1 NO ... 2 GO TO '1108 DK ... 8 GO TO (10)	YES ... 1 NO ... 2 GO TO '1108 DK ... 8 GO TO (11)	YES ... 1 NO ... 2 GO TO '1108 DK ... 8 GO TO (12)	YES ... 1 NO ... 2 GO TO '1108 DK ... 8 GO TO (13)	
1107	How old is (NAME)?	<input type="text"/> GO TO (8)	<input type="text"/> GO TO (9)	<input type="text"/> GO TO (10)	<input type="text"/> GO TO (11)	<input type="text"/> GO TO (12)	<input type="text"/> GO TO (13)	
1108	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)	
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO '1113 NO ... 2	YES ... 1 GO TO '1113 NO ... 2	YES ... 1 GO TO '1113 NO ... 2	YES ... 1 GO TO '1113 NO ... 2	YES ... 1 GO TO '1113 NO ... 2	YES ... 1 GO TO '1113 NO ... 2	
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO '1113 NO ... 2	YES ... 1 GO TO '1113 NO ... 2	YES ... 1 GO TO '1113 NO ... 2	YES ... 1 GO TO '1113 NO ... 2	YES ... 1 GO TO '1113 NO ... 2	YES ... 1 GO TO '1113 NO ... 2	
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1113	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

IF NO MORE BROTHERS OR SISTERS, GO TO 1200, IF THE RESPONDENT WAS SELECTED FOR THE DOMESTIC VIOLENCE MODULE  
IF THE WOMAN IS NOT SELECTED GO TO 1233.

SECTION 12: DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
1200	CHECK HOUSEHOLD QUESTIONNAIRE, [COVER PAGE].  WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/>	WOMAN NOT SELECTED <input type="checkbox"/>	GO TO 1233																																			
1201	CHECK FOR PRESENCE OF OTHERS:  DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.  PRIVACY OBTAINED ..... 1	PRIVACY NOT POSSIBLE ..... 2	→ 1232																																			
READ TO THE RESPONDENT  Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in the Gambia. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions.																																						
1202	CHECK 601 AND 602:  CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/>	FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH HUSBAND/PARTNER') <input type="checkbox"/>	NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> → '1216																																			
1203	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)?  a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?	<table border="0"> <tr> <td></td> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>JEALOUS</td> <td>.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES</td> <td>.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS</td> <td>...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO FAMILY</td> <td>.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE</td> <td>.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>			YES	NO	DK	JEALOUS	.....	1	2	8	ACCUSES	.....	1	2	8	NOT MEET FRIENDS	...	1	2	8	NO FAMILY	.....	1	2	8	WHERE YOU ARE	.....	1	2	8						
		YES	NO	DK																																		
JEALOUS	.....	1	2	8																																		
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NOT MEET FRIENDS	...	1	2	8																																		
NO FAMILY	.....	1	2	8																																		
WHERE YOU ARE	.....	1	2	8																																		
1204	Now I need to ask some more questions about your relationship with your (last) (husband/partner).  A Did your (last) (husband/partner) ever:  a) say or do something to humiliate you in front of others?  b) threaten to hurt or harm you or someone you care about?  c) insult you or make you feel bad about yourself?	B How often did this happen during the last 12 months: often, only sometimes, or not at all?  <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>a) NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) YES	1 →	1	2	3	a) NO	2				b) YES	1 →	1	2	3	b) NO	2				c) YES	1 →	1	2	3	c) NO	2				
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c) YES	1 →	1	2	3																																		
c) NO	2																																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																											
1205	<p>A Did your (last) (husband/partner) ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you?</p> <p>c) twist your arm or pull your hair?</p> <p>d) punch you with his fist or with something that could hurt you?</p> <p>e) kick you, drag you, or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) threaten or attack you with a knife, gun, or other weapon?</p> <p>h) physically force you to have sexual intercourse with him when you did not want to?</p> <p>i) physically force you to perform any other sexual acts you did not want to?</p> <p>j) force you with threats or in any other way to perform sexual acts you did not want to?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				
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1206	<p>CHECK 1205A (a-j):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	<p>→ 1209</p>																																																																												
1207	<p>How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS ..... <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER ..... 95</p>																																																																												
1208	<p>Did the following ever happen as a result of what your (last) (husband/partner) did to you:</p> <p>a) You had cuts, bruises, or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>YES ..... 1</p> <p>NO ..... 2</p> <p>YES ..... 1</p> <p>NO ..... 2</p>																																																																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1209	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?	YES ..... 1 NO ..... 2	→ '1211
1210	In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3	
1211	Does (did) your (last) (husband/partner) drink alcohol?	YES ..... 1 NO ..... 2	→ '1213
1212	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN ..... 1 SOMETIMES ..... 2 NEVER ..... 3	
1213	Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID ..... 1 SOMETIMES AFRAID ..... 2 NEVER AFRAID ..... 3	
1214	CHECK 609:  MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONLY ONCE <input type="checkbox"/>		→ '1216
1215	A So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner).  a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?  b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	B How long ago did this last happen?  EVER                      0 - 11 MONTHS AGO                      12+ MONTHS AGO                      DON'T REMEMBER  YES 1 →                      1                      2                      3 NO 2 ↓ YES 1 →                      1                      2                      3 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1216	<p>CHECK 601 AND 602:</p> <p>EVER MARRIED / EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>REFUSED TO ANSWER/ NO ANSWER ..... 3</p>	<p>→ 1219</p>
1217	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER ..... A</p> <p>FATHER/STEP-FATHER ..... B</p> <p>SISTER/BROTHER ..... C</p> <p>DAUGHTER/SON ..... D</p> <p>OTHER RELATIVE ..... E</p> <p>CURRENT BOYFRIEND ..... F</p> <p>FORMER BOYFRIEND ..... G</p> <p>MOTHER-IN-LAW ..... H</p> <p>FATHER-IN-LAW ..... I</p> <p>OTHER IN-LAW ..... J</p> <p>TEACHER ..... K</p> <p>EMPLOYER/SOMEONE AT WORK ..... L</p> <p>POLICE/SOLDIER ..... M</p> <p>OTHER _____ X (SPECIFY)</p>	
1218	<p>In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?</p>	<p>OFTEN ..... 1</p> <p>SOMETIMES ..... 2</p> <p>NOT AT ALL ..... 3</p>	
1219	<p>CHECK 201, 226, AND 230:</p> <p>EVER BEEN PREGNANT (YES ON 201 OR 226 OR 230) <input type="checkbox"/></p> <p>NEVER BEEN PREGNANT <input type="checkbox"/></p>		<p>→ 1222</p>
1220	<p>Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 1222</p>
1221	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND/PARTNER ..... A</p> <p>MOTHER/STEP-MOTHER ..... B</p> <p>FATHER/STEP-FATHER ..... C</p> <p>SISTER/BROTHER ..... D</p> <p>DAUGHTER/SON ..... E</p> <p>OTHER RELATIVE ..... F</p> <p>FORMER HUSBAND/PARTNER ..... G</p> <p>CURRENT BOYFRIEND ..... H</p> <p>FORMER BOYFRIEND ..... I</p> <p>MOTHER-IN-LAW ..... J</p> <p>FATHER-IN-LAW ..... K</p> <p>OTHER IN-LAW ..... L</p> <p>TEACHER ..... M</p> <p>EMPLOYER/SOMEONE AT WORK ..... N</p> <p>POLICE/SOLDIER ..... O</p> <p>OTHER _____ X (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1222	CHECK 601 AND 602:  EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/>		→ 1222B
1222A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner).  At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	→ 1223 → 1224A
1222B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	→ 1226
1223	Who was the person who was forcing you at that time?	CURRENT HUSBAND/PARTNER ..... 01 FORMER HUSBAND/PARTNER ..... 02 CURRENT/FORMER BOYFRIEND ..... 03 FATHER/STEP-FATHER ..... 04 BROTHER/STEP-BROTHER ..... 05 OTHER RELATIVE ..... 06 IN-LAW ..... 07 OWN FRIEND/ACQUAINTANCE ..... 08 FAMILY FRIEND ..... 09 TEACHER ..... 10 EMPLOYER/SOMEONE AT WORK ..... 11 POLICE/SOLDIER ..... 12 PRIEST/RELIGIOUS LEADER ..... 13 STRANGER ..... 14  OTHER _____ 96 (SPECIFY)	
1224	CHECK 601 AND 602:  EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/>  In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to?  In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES ..... 1 NO ..... 2	→ 1225
1224A	CHECK 1205A (h-j) and '1215A(b)  AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		→ 1226

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1225	<p>CHECK 601 AND 602:</p> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your / any) husband/partner?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>																	
1226	<p>CHECK 1205A (a-j), '1215A (a,b), '1216, '1220, '1222A, AND '1222B:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ 1230																
1227	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1229																
1228	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY ..... A</p> <p>HUSBAND'S/PARTNER'S FAMILY ..... B</p> <p>CURRENT/FORMER HUSBAND/PARTNER ..... C</p> <p>CURRENT/FORMER BOYFRIEND ..... D</p> <p>FRIEND ..... E</p> <p>NEIGHBOR ..... F</p> <p>RELIGIOUS LEADER ..... G</p> <p>DOCTOR/MEDICAL PERSONNEL ..... H</p> <p>POLICE ..... I</p> <p>LAWYER ..... J</p> <p>SOCIAL SERVICE ORGANIZATION ..... K</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	→ 1230																
1229	Have you ever told any one about this?	<p>YES ..... 1</p> <p>NO ..... 2</p>																	
1230	As far as you know, did your father ever beat your mother?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																	
<p>THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.</p>																			
1231	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT ...</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND .....	1	2	3	OTHER MALE ADULT ...	1	2	3	FEMALE ADULT .....	1	2	3	
	YES ONCE	YES, MORE THAN ONCE	NO																
HUSBAND .....	1	2	3																
OTHER MALE ADULT ...	1	2	3																
FEMALE ADULT .....	1	2	3																
1232	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE																		
1233	RECORD THE TIME.	<p>HOUR ..... <input type="text"/> <input type="text"/></p> <p>MINUTES ..... <input type="text"/> <input type="text"/></p>																	



INSTRUCTIONS:  
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.  
 ALL MONTHS SHOULD BE FILLED IN.  
 INFORMATION TO BE CODED 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 IUD  
 4 INJECTABLES  
 5 IMPLANTS  
 6 PILL  
 7 MALE CONDOM  
 8 FEMALE CONDOM  
 9 DIAPHRAGM  
 J FOAM/JELLY  
 K LACTATIONAL AMENORRHEA METHOD  
 L RHYTHM METHOD  
 M WITHDRAWAL  
 X OTHER MODERN \_\_\_\_\_  
   (SPECIFY)

OTHER TRADITIONAL \_\_\_\_\_  
   (SPECIFY)

**INFORMATION TO BE CODED FOR RELEVANT BOX IN COLUMN 2.**

DISCONTINUATION OF CONTRACEPTIVE USE  
 0 INFREQUENT SEX/HUSBAND AWAY  
 1 BECAME PREGNANT WHILE USING  
 2 WANTED TO BECOME PREGNANT  
 3 HUSBAND PARTNER DISAPPROVED  
 4 WANTED MORE EFFECTIVE METHOD  
 5 HEALTH EFFECTS/HEALTH CONCERNS  
 6 LACK OF ACCESS/TOO FAR  
 7 COSTS TOO MUCH  
 8 INCONVENIENT TO USE  
 9 UP TO GOD/FATALISTIC  
 10 DIFFICULT TO GET PREGNANT/MENOPAUSAL  
 11 MARITAL DISSOLUTION/SEPARATION  
 Z DON'T KNOW  
 Y OTHER \_\_\_\_\_  
   (SPECIFY)

			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
1	06	JUN	07	1
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
1	06	JUN	19	1
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	
2	09	SEP	28	2
0	08	AUG	29	0
1	07	JUL	30	1
1	06	JUN	31	1
	05	MAY	32	
	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	
	08	AUG	41	
2	07	JUL	42	2
0	06	JUN	43	0
1	05	MAY	44	1
0	04	APR	45	0
	03	MAR	46	
	02	FEB	47	
	01	JAN	48	
<hr/>				
	12	DEC	49	
	11	NOV	50	
	10	OCT	51	
	09	SEP	52	
	08	AUG	53	
2	07	JUL	54	2
0	06	JUN	55	0
0	05	MAY	56	0
9	04	APR	57	9
	03	MAR	58	
	02	FEB	59	
	01	JAN	60	
<hr/>				
	12	DEC	61	
	11	NOV	62	
	10	OCT	63	
	09	SEP	64	
	08	AUG	65	
2	07	JUL	66	2
0	06	JUN	67	0
0	05	MAY	68	0
8	04	APR	69	8
	03	MAR	70	
	02	FEB	71	
	01	JAN	72	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_