

DEMOGRAPHIC AND HEALTH SURVEYS  
 MODEL WOMAN'S QUESTIONNAIRE  
 WITH HIV/AIDS AND MALARIA MODULES

[NAME OF COUNTRY]  
 [NAME OF ORGANIZATION]

IDENTIFICATION (1)															
PLACE NAME _____	<table border="1" style="border-collapse: collapse; width: 100%; height: 100%;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>														
NAME OF HOUSEHOLD HEAD _____															
CLUSTER NUMBER .....															
HOUSEHOLD NUMBER .....															
REGION .....															
LARGE CITY/SMALL CITY/TOWN/RURAL (2) ..... (LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)															
NAME AND LINE NUMBER OF WOMAN _____															

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

COUNTRY-SPECIFIC INFORMATION:      LANGUAGE OF QUESTIONNAIRE, LANGUAGE OF INTERVIEW, NATIVE LANGUAGE OF RESPONDENT, AND WHETHER TRANSLATOR USED

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	_____	_____
DATE _____	DATE _____	_____	_____

<sup>1</sup> This section should be adapted for country-specific survey design.  
<sup>2</sup> The following guidelines should be used to categorize urban sample points: "Large cities" are national capitals and places with over 1 million population; "small cities" are places with between 50,000 and 1 million population; remaining urban sample points are "towns".

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

**INFORMED CONSENT**

Hello. My name is \_\_\_\_\_ and I am working with (NAME OF ORGANIZATION). We are conducting a national survey that asks women (and men) about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 30 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to 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. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?  
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"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <input type="text"/> <input type="text"/> ALWAYS ..... 95 VISITOR ..... 96	→ 104
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY ..... 1 TOWN ..... 2 COUNTRYSIDE ..... 3	Replace 104 with 106 if Questions 104-105 are deleted.
104 (1)	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS ..... <input type="text"/> <input type="text"/> NONE ..... 00	
105 (1)	In the last 12 months, have you been away from your home community for more than one month at a time?	YES ..... 1 NO ..... 2	→ 106
106	In what month and year were you born? <b>Questions 104-105 must be included in all surveys in which HIV testing is a component. They should be deleted in surveys where the HIV/AIDS module is not adopted.</b>	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	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 112
109	What is the highest level of school you attended: primary, secondary, or higher? (2)	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3	
110	What is the highest (grade/form/year) you completed at that level? (2)	GRADE/FORM/YEAR ..... <input type="text"/> <input type="text"/>	



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="1337 381 1442 500" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME ..... <table border="1" data-bbox="1337 500 1442 619" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters 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="1337 672 1442 792" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE ..... <table border="1" data-bbox="1337 792 1442 911" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died?  IF NO, PROBE: Any baby who cried 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="1337 1056 1442 1175" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD ..... <table border="1" data-bbox="1337 1175 1442 1294" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL ..... <table border="1" data-bbox="1337 1262 1442 1317" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208:  Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?  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 LINES. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).									
212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby?  (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	IF ALIVE: How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?	IF ALIVE: RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	IF DEAD: 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	SING 1 MULT 2	BOY 1 GIRL 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	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS ... 1 MONTHS 2 YEARS .. 3	
02	SING 1 MULT 2	BOY 1 GIRL 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	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	SING 1 MULT 2	BOY 1 GIRL 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	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	SING 1 MULT 2	BOY 1 GIRL 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	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	SING 1 MULT 2	BOY 1 GIRL 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	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	SING 1 MULT 2	BOY 1 GIRL 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	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	SING 1 MULT 2	BOY 1 GIRL 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	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	218	219	220	221
What name was given to your next baby?  (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	IF ALIVE: How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?	IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	IF DEAD: 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	SING 1 MULT 2	BOY 1 GIRL 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	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES .... 1 ADD ↙ BIRTH NO ..... 2 NEXT ↘ BIRTH
09	SING 1 MULT 2	BOY 1 GIRL 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	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES .... 1 ADD ↙ BIRTH NO ..... 2 NEXT ↘ BIRTH
10	SING 1 MULT 2	BOY 1 GIRL 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	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES .... 1 ADD ↙ BIRTH NO ..... 2 NEXT ↘ BIRTH
11	SING 1 MULT 2	BOY 1 GIRL 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	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES .... 1 ADD ↙ BIRTH NO ..... 2 NEXT ↘ BIRTH
12	SING 1 MULT 2	BOY 1 GIRL 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	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES .... 1 ADD ↙ BIRTH NO ..... 2 NEXT ↘ BIRTH

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
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223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH BIRTH SINCE JANUARY 2001(1): MONTH AND YEAR OF BIRTH ARE RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2001 (1) OR LATER. IF NONE, RECORD '0' AND SKIP TO 226.	<input type="text"/>
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2001 (1), 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.)		
226	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	→ 229
227	How many months pregnant are you?  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.	MONTHS ..... <input type="text"/> <input type="text"/>	
228	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN ..... 1 LATER ..... 2 NOT AT ALL ..... 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES ..... 1 NO ..... 2	→ 237
230	When did the last such pregnancy end?	MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	CHECK 230:  LAST PREGNANCY ENDED IN <input type="checkbox"/> JAN. 2001 (1) OR LATER LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2001 (1)		→ 237
232	How many months pregnant were you when the last such pregnancy ended?  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.	MONTHS ..... <input type="text"/> <input type="text"/>	
233	Since January 2001 (1), have you had any other pregnancies that did not result in a live birth?	YES ..... 1 NO ..... 2	→ 235
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2001. (1)  ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any miscarriages, abortions or stillbirths that ended before 2001 (1)?	YES ..... 1 NO ..... 2	→ 237
236	When did the last such pregnancy that terminated before 2001 (1) end?	MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
237	When did your last menstrual period start?  <hr/> (DATE, IF GIVEN)	DAYS AGO ..... 1 <table border="1" data-bbox="1337 163 1442 404" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> WEEKS AGO ..... 2 MONTHS AGO ..... 3 YEARS AGO ..... 4  IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994  BEFORE LAST BIRTH ..... 995  NEVER MENSTRUATED ..... 996									
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods? <b>(2)</b>	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									

<sup>1</sup> For fieldwork beginning in 2007, 2008 or 2009, the year should be 2002, 2003, or 2004, respectively.

<sup>2</sup> In countries where the Standard Days Method is used, an appropriate response category for that method may be added.



SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Which ways or methods have you heard about? (1) FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 ↘	Have you ever had an operation to avoid having any more children? YES ..... 1 NO ..... 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 ↘	Have you ever had a partner who had an operation to avoid having any more children? YES ..... 1 NO ..... 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
06	IMPLANTS Women can have several 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 ↘	YES ..... 1 NO ..... 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
09	LACTATIONAL AMENORRHEA METHOD (LAM) (2) ←	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2 The LAM method should be deleted in countries that do not have a LAM program.
10	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
11	WITHDRAWAL Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
12	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.	YES ..... 1 NO ..... 2 ↘	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	YES ..... 1 NO ..... 2 YES ..... 1 NO ..... 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		→ 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 306
305	ENTER '0' IN THE CALENDAR IN EACH BLANK MONTH. _____		→ 333
306	What have you used or done?  CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant.  How many living children did you have at that time, if any?  IF NONE, RECORD '00'.	NUMBER OF CHILDREN ..... <input type="text"/> <input type="text"/>	
308	CHECK 302 (01):  WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 322
311	Which method are you using? (3)  CIRCLE ALL MENTIONED.  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B PILL ..... C IUD ..... D INJECTABLES ..... E IMPLANTS ..... F CONDOM ..... G FEMALE CONDOM ..... H DIAPHRAGM ..... I FOAM/JELLY ..... J LACTATIONAL AMEN. METHOD ..... K RHYTHM METHOD ..... L WITHDRAWAL ..... M  OTHER _____ X (SPECIFY)	→ 316 → 315 → 315 → 319A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	RECORD IF CODE 'C' FOR PILL IS CIRCLED IN 311.  YES (USING PILL) <input type="checkbox"/> NO (USING CONDOM BUT NOT PILL) <input type="checkbox"/>  May I see the package of pills you are using?      May I see the package of condoms you are using?  RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN ..... 1 BRAND NAME _____ (SPECIFY) <input type="text"/> <input type="text"/>  PACKAGE NOT SEEN ..... 2	→ 314
313	Do you know the brand name of the (pills/condoms) you are using? RECORD NAME OF BRAND.	BRAND NAME _____ (SPECIFY) <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314	How many (pill cycles/condoms) did you get the last time?	NUMBER OF PILL CYCLES/CONDOMS ... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	
315	The last time you obtained (HIGHEST METHOD ON LIST IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had?	COST ..... <input type="text"/> <input type="text"/> <input type="text"/> FREE ..... 995 DON'T KNOW ..... 998	} → 319A
316	In what facility did the sterilization take place? (4)  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 FAMILY PLANNING CLINIC ..... 13 MOBILE CLINIC ..... 14  OTHER PUBLIC _____ 16 (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... 21 PRIVATE DOCTOR'S OFFICE ... 23 MOBILE CLINIC ..... 24 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY)  OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	
317	CHECK 311/311A:  CODE 'A' <input type="checkbox"/> CODE 'A' <input type="checkbox"/> CIRCLED                      NOT CIRCLED  Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?      Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
318	How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had?	COST ..... <input type="text"/> <input type="text"/> <input type="text"/> FREE ..... 995 DON'T KNOW ..... 998	
319	In what month and year was the sterilization performed?	MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
319A	Since what month and year have you been using (CURRENT METHOD) without stopping?  PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
320	CHECK 319/319A, 215 AND 230:	YES <input type="checkbox"/> NO <input type="checkbox"/>	
ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A  GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).			



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	CHECK 311/311A:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 IMPLANTS ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 LACTATIONAL AMEN. METHOD ... 11 RHYTHM METHOD ..... 12	→ 332 → 329 → 329 → 329 → 335 → 335
326	You obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) in (DATE FROM 319/319A). At that time, were you told about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	→ 328
327	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	→ 329
328	Were you told what to do if you experienced side effects or problems?	YES ..... 1 NO ..... 2	
329	CHECK 326:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p> <input type="checkbox"/>  </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p> <input type="checkbox"/>  </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 323) from (SOURCE OF METHOD FROM 316 OR 324) were you told about other methods of family planning that you could use?</p>	YES ..... 1 NO ..... 2	→ 331
330	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	
331	CHECK 311/311A:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 IMPLANTS ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 LACTATIONAL AMEN. METHOD ... 11 RHYTHM METHOD ..... 12 WITHDRAWAL ..... 13 OTHER METHOD ..... 96	→ 335             → 335

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
332	<p>Where did you obtain (CURRENT METHOD) the last time? <b>(4)</b></p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>FAMILY PLANNING CLINIC ..... 13</p> <p>MOBILE CLINIC ..... 14</p> <p>FIELDWORKER ..... 15</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... 21</p> <p>PHARMACY ..... 22</p> <p>PRIVATE DOCTOR ..... 23</p> <p>MOBILE CLINIC ..... 24</p> <p>FIELDWORKER ..... 25</p> <p>OTHER PRIVATE MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... 31</p> <p>CHURCH ..... 32</p> <p>FRIEND/RELATIVE ..... 33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 335</p>
333	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 335</p>
334	<p>Where is that? <b>(4)</b></p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, 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>FAMILY PLANNING CLINIC ..... C</p> <p>MOBILE CLINIC ..... D</p> <p>FIELDWORKER ..... E</p> <p>OTHER PUBLIC _____ 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>MOBILE CLINIC ..... J</p> <p>FIELDWORKER ..... K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... M</p> <p>CHURCH ..... N</p> <p>FRIEND/RELATIVE ..... O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
335	<p>In the last 12 months, were you visited by a fieldworker who talked to you about family planning?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
336	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 401</p>
337	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	

### SECTION 3 FOOTNOTES

- <sup>1</sup> Other commonly used methods may be added to the list, such as diaphragm, foam, jelly, contraceptive patch, sponge, or specific fertility awareness methods such as the Standard Days Method.
- <sup>2</sup> The LAM method should be deleted in countries that do not have a LAM program. In these countries, LAM should also be deleted as a coding category in Qs. 311, 323, 325, 331, 710, and Column 1 of the calendar.
- <sup>3</sup> Other commonly used methods may be added to the list, such as contraceptive patch, sponge, or specific fertility awareness methods such as the Standard Days Method. Any codes added in 311 must also be added in 323, 325, 331, 710, and Column 1 of the calendar.
- <sup>4</sup> Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.
- <sup>5</sup> For fieldwork beginning in 2007, 2008 or 2009, the year should be 2002, 2003, or 2004, respectively.
- <sup>6</sup> For fieldwork beginning in 2007, 2008, or 2009, the year should be 2001, 2002, or 2003, respectively.

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224:  ONE OR MORE BIRTHS IN 2001 (1) OR LATER <input type="checkbox"/>	NO BIRTHS IN 2001 (1) OR LATER <input type="checkbox"/> → 576		
402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 (1) 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 you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NO. <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NO. <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NO. <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	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN ..... 1 (SKIP TO 407) ← LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO 407) ←	THEN ..... 1 (SKIP TO 432) ← LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO 432) ←	THEN ..... 1 (SKIP TO 432) ← LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO 432) ←
406	How much longer would you have liked to wait?	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998
407	Did you see anyone for antenatal care for this pregnancy? (2)  IF YES: 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 MIDWIFE ..... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . D COMMUNITY/VILLAGE HEALTH WORKER ... E  OTHER _____ X (SPECIFY) NO ONE ..... Y (SKIP TO 414) ←		



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
408	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>HOME YOUR HOME ... A OTHER HOME ... B</p> <p>PUBLIC SECTOR GOVT. HOSPITAL C GOVT. HEALTH CENTER ..... D GOVT. HEALTH POST ..... E OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC ..... G OTHER PRIVATE MED. _____ H (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>		
409	<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>		
410	<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>		
411	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>Were you weighed?</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>WEIGHT ... 1 2</p> <p>BP ..... 1 2</p> <p>URINE ..... 1 2</p> <p>BLOOD ... 1 2</p>		
412	<p>During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 414) ←   DON'T KNOW ..... 8</p>		
413	<p>Were you told where to go if you had any of these complications?</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>		
414	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? (3)</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 417) ←   DON'T KNOW ..... 8</p>		
415	<p>During this pregnancy, how many times did you get this tetanus injection?</p>	<p>TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
416	CHECK 415:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 421)		
417	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?	YES ..... 1 NO ..... 2 (SKIP TO 421) DON'T KNOW ..... 8		
418	Before this pregnancy, how many other times did you receive a tetanus injection?  IF 7 OR MORE TIMES, RECORD '7'.	TIMES ..... <input type="text"/>  DON'T KNOW ..... 8		
419	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH ... <input type="text"/> <input type="text"/>  DK MONTH ..... 98  YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 421)  DK YEAR ..... 9998		
420	How many years ago did you receive that tetanus injection?	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? (4)  SHOW TABLETS/SYRUP. (4)	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? (4,5)  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 have difficulty with your vision during daylight?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
425	During this pregnancy, did you suffer from night blindness [USE LOCAL TERM]?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
426 (6)	During this pregnancy, did you take any drugs to keep you from getting malaria?	YES ..... 1 NO ..... 2 (SKIP TO 432) DON'T KNOW ..... 8		

Questions 426-431 are part of the malaria module and should be deleted in surveys where there is no program for intermittent preventive treatment against malaria during pregnancy.



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																																				
435	<p>Who assisted with the delivery of (NAME)? (2)</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 MIDWIFE ..... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE ..... Y</p>	<p>HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE . B AUXILIARY MIDWIFE ..... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE ..... Y</p>	<p>HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE . B AUXILIARY MIDWIFE ..... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE ..... Y</p>																																				
436	<p>Where did you give birth to (NAME)? (2)</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 443) ←   OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST ..... 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)   (SKIP TO 443) ←</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 444) ←   OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST ..... 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)   (SKIP TO 444) ←</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 444) ←   OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST ..... 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)   (SKIP TO 444) ←</p>																																				
437	<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> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW . 998</p>													<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW ... 998</p>													<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW ... 998</p>												
438	<p>Was (NAME) delivered by caesarean section?</p>	<p>YES ..... 1 NO ..... 2</p>	<p>YES ..... 1 NO ..... 2</p>	<p>YES ..... 1 NO ..... 2</p>																																				
439	<p>Before you were discharged after (NAME) was born, did any health care provider check on your health?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 442) ←</p>	<p>YES ..... 1 (SKIP TO 455) ← NO ..... 2</p>	<p>YES ..... 1 (SKIP TO 455) ← NO ..... 2</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> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></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	Who checked on your health at that time? <b>(2)</b>  PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR ..... 11 NURSE/MIDWIFE 12 AUXILIARY MIDWIFE ..... 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 COMMUNITY/VILLAGE HEALTH WORKER ... 22  OTHER _____ 96 (SPECIFY) (SKIP TO 453) ←								
442	After you were discharged, did any health care provider or a traditional birth attendant check on your health?	YES ..... 1 (SKIP TO 445) ← NO ..... 2 (SKIP TO 453) ←			YES ..... 1 (SKIP TO 455) ← NO ..... 2	YES ..... 1 (SKIP TO 455) ← NO ..... 2				
443	Why didn't you deliver in a health facility?  PROBE: Any other reason?  RECORD ALL MENTIONED.	COST TOO MUCH . . A FACILITY NOT OPEN . B TOO FAR/ NO TRANS- PORTATION C DON'T TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVID- ER AT FACILITY .. E HUSBAND/FAMILY DID NOT ALLOW .. F NOT NECESSARY .. G NOT CUSTOMARY .. H OTHER _____ X (SPECIFY) X								
444	After (NAME) was born, did any health care provider or a traditional birth attendant check on your health?	YES ..... 1 NO ..... 2 (SKIP TO 449) ←			YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2				
445	How long after delivery did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="878 1471 984 1533"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="878 1533 984 1595"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="878 1595 984 1657"><tr><td></td><td></td></tr></table> DON'T KNOW ... 998								
446	Who checked on your health at that time? <b>(2)</b>  PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR ..... 11 NURSE/MIDWIFE 12 AUXILIARY MIDWIFE ..... 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 _____						
447	<p>Where did this first check take place? <b>(2)</b></p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME ... 11 OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST ..... 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC ..... 31 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>								
448	CHECK 442:	<p>YES NOT ASKED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 453)</p>								
449	<p>In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 453) ← DON'T KNOW ..... 8</p>								
450	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HRS AFTER BIRTH .. 1 <table border="1" data-bbox="878 1251 984 1308"><tr><td></td><td></td></tr></table></p> <p>DAYS AFTER BIRTH .. 2 <table border="1" data-bbox="878 1308 984 1366"><tr><td></td><td></td></tr></table></p> <p>WKS AFTER BIRTH .. 3 <table border="1" data-bbox="878 1366 984 1423"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 998</p>								
451	<p>Who checked on (NAME)'s health at that time? <b>(2)</b></p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR ..... 11 NURSE/MIDWIFE 12 AUXILIARY MIDWIFE ..... 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 COMMUNITY/VILLAGE HEALTH WORKER ... 22</p> <p>OTHER _____ 96 (SPECIFY)</p>								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____		
452	<p>Where did this first check of (NAME) take place? (2)</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME ... 11 OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST ..... 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>				
453	<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 NO ..... 2 DON'T KNOW ..... 8</p>				
454	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES ..... 1 (SKIP TO 456) ←</p> <p>NO ..... 2 (SKIP TO 457) ←</p>				
455	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>		<p>YES ..... 1 NO ..... 2 (SKIP TO 459) ←</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 459) ←</p>		
456	<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"/> DON'T KNOW ..... 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98</p>		
457	<p>CHECK 226: IS RESPONDENT PREGNANT?</p>	<p>NOT PREG- <input type="checkbox"/> PREGNANT NANT OR <input type="checkbox"/> UNSURE (SKIP TO 459) ←</p>				
458	<p>Have you begun to have sexual intercourse again since the birth of (NAME)?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 460) ←</p>				
459	<p>For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse?</p>	<p>MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98</p>		
460	<p>Did you ever breastfeed (NAME)?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 467) ←</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 467) ←</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 467) ←</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____									
461	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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
462	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO 464) ←											
463	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 HONEY ..... I  OTHER _____ X (SPECIFY)											
464	CHECK 404:  IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 466) ←											
465	Are you still breastfeeding (NAME)?	YES ..... 1 (SKIP TO 468) ← NO ..... 2											
466	For how many months did you breastfeed (NAME)?	MONTHS ... <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>  DON'T KNOW ... 98			MONTHS ... <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>  STILL BF ..... 95 DON'T KNOW ... 98			MONTHS ... <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>  STILL BF ..... 95 DON'T KNOW ... 98					
467	CHECK 404:  IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 470) ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 470) ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 470) ↓ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)									



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
468	How many times did you breastfeed last night between sunset and sunrise?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>		
469	How many times did you breastfeed yesterday during the daylight hours?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/>		
470	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
471		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.

<sup>1</sup> For fieldwork beginning in 2007, 2008 or 2009, the year should be 2002, 2003, or 2004, respectively.

<sup>2</sup> Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

<sup>3</sup> Vaccination practices may vary; this question should specify where the injection is given, e.g. arm or shoulder.

<sup>4</sup> Syrup should be deleted in countries where syrup is not used.

<sup>5</sup> In countries where it is important to know the number of iron tablets taken per day, an appropriate question may be added.

<sup>6</sup> The question is part of the malaria module and should be deleted in surveys in countries where there is no program for intermittent preventive treatment against malaria during pregnancy.

**SECTION 5. CHILD IMMUNIZATION AND HEALTH AND CHILD'S AND WOMAN'S NUTRITION**

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 (1) 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	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER ..... <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>				NEXT-TO-LAST BIRTH LINE NUMBER ..... <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>				SECOND-FROM-LAST BIRTH LINE NUMBER ..... <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>															
503	FROM 212 AND 216	NAME _____ LIVING <input style="width:20px;" type="checkbox"/> DEAD <input style="width:20px;" type="checkbox"/> <input style="width:20px;" type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)				NAME _____ LIVING <input style="width:20px;" type="checkbox"/> DEAD <input style="width:20px;" type="checkbox"/> <input style="width:20px;" type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)				NAME _____ LIVING <input style="width:20px;" type="checkbox"/> DEAD <input style="width:20px;" type="checkbox"/> <input style="width:20px;" type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 573)															
504	Do you have a card where (NAME'S) vaccinations are written down? (2) IF YES: May I see it please?	YES, SEEN ..... 1 (SKIP TO 506) ← YES, NOT SEEN ..... 2 (SKIP TO 508) ← NO CARD ..... 3				YES, SEEN ..... 1 (SKIP TO 506) ← YES, NOT SEEN ..... 2 (SKIP TO 508) ← NO CARD ..... 3				YES, SEEN ..... 1 (SKIP TO 506) ← YES, NOT SEEN ..... 2 (SKIP TO 508) ← NO CARD ..... 3															
505	Did you ever have a vaccination card for (NAME)? (2)	YES ..... 1 (SKIP TO 508) ← NO ..... 2				YES ..... 1 (SKIP TO 508) ← NO ..... 2				YES ..... 1 (SKIP TO 508) ← NO ..... 2															
506	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.																								
		LAST BIRTH DAY MONTH YEAR				NEXT-TO-LAST BIRTH DAY MONTH YEAR				SECOND-FROM-LAST BIRTH DAY MONTH YEAR															
		BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		POLIO 0 (POLIO GIVEN AT BIRTH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		POLIO 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		POLIO 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		POLIO 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		DPT 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		DPT 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		DPT 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		MEASLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		VITAMIN A (MOST RECENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		VITAMIN A (2nd MOST RECENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
506A	CHECK 506:	BCG TO MEASLES ALL RECORDED <input style="width:20px;" type="checkbox"/> (GO TO 510)				OTHER <input style="width:20px;" type="checkbox"/> ↓				BCG TO MEASLES ALL RECORDED <input style="width:20px;" type="checkbox"/> (GO TO 510)				OTHER <input style="width:20px;" type="checkbox"/> ↓				BCG TO MEASLES ALL RECORDED <input style="width:20px;" type="checkbox"/> (GO TO 510)				OTHER <input style="width:20px;" type="checkbox"/> ↓			

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
507	<p>Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign?</p> <p>RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINES. (3)</p>	<p>YES ..... 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>(SKIP TO 510) ←</p> <p>NO ..... 2 (SKIP TO 510) ←</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 510) ←</p> <p>NO ..... 2 (SKIP TO 510) ←</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 510) ←</p> <p>NO ..... 2 (SKIP TO 510) ←</p> <p>DON'T KNOW ..... 8</p>
508	<p>Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 512) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 512) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 512) ←</p> <p>DON'T KNOW ..... 8</p>
509	<p>Please tell me if (NAME) received any of the following vaccinations: (4)</p>			
509A	<p>A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? (5)</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>
509B	<p>Polio vaccine, that is, drops in the mouth?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 509E) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 509E) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 509E) ←</p> <p>DON'T KNOW ..... 8</p>
509C	<p>Was the first polio vaccine received 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>
509D	<p>How many times was the polio vaccine received?</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>
509E	<p>A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops? (5)</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 509G) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 509G) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 509G) ←</p> <p>DON'T KNOW ..... 8</p>
509F	<p>How many times was a DPT vaccination received?</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>
509G	<p>A measles injection or an MMR 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>
510	<p>Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?</p>	<p>YES ..... 1 NO ..... 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ... 8 (SKIP TO 512) ←</p>	<p>YES ..... 1 NO ..... 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ... 8 (SKIP TO 512) ←</p>	<p>YES ..... 1 NO ..... 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ... 8 (SKIP TO 512) ←</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
511	At which national immunization day campaigns did (NAME) receive vaccinations?  RECORD ALL CAMPAIGNS MENTIONED.	CAMPAIGN 1 (TYPE/DATE) ... A CAMPAIGN 2 (TYPE/DATE) ... B CAMPAIGN 3 (TYPE/DATE) ... C CAMPAIGN 4 (TYPE/DATE) ... D	CAMPAIGN 1 (TYPE/DATE) ... A CAMPAIGN 2 (TYPE/DATE) ... B CAMPAIGN 3 (TYPE/DATE) ... C CAMPAIGN 4 (TYPE/DATE) ... D	CAMPAIGN 1 (TYPE/DATE) ... A CAMPAIGN 2 (TYPE/DATE) ... B CAMPAIGN 3 (TYPE/DATE) ... C CAMPAIGN 4 (TYPE/DATE) ... D
512	CHECK 506:  DATE SHOWN FOR VITAMIN A DOSE	DATE FOR MOST RECENT VITAMIN A DOSE  OTHER  <input type="checkbox"/> (SKIP TO 514)	DATE FOR MOST RECENT VITAMIN A DOSE  OTHER  <input type="checkbox"/> (SKIP TO 514)	DATE FOR MOST RECENT VITAMIN A DOSE  OTHER  <input type="checkbox"/> (SKIP TO 514)
513	According to (NAME)'s health card, he/she received a vitamin A dose (like this/any of these) in (MONTH AND YEAR OF MOST RECENT DOSE FROM CARD). Has (NAME) received another vitamin A dose since then? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES ..... 1 (SKIP TO 515) ← NO ..... 2 (SKIP TO 516) ← DON'T KNOW ..... 8	YES ..... 1 (SKIP TO 515) ← NO ..... 2 (SKIP TO 516) ← DON'T KNOW ..... 8	YES ..... 1 (SKIP TO 515) ← NO ..... 2 (SKIP TO 516) ← DON'T KNOW ..... 8
514	HAS (NAME) ever received a vitamin A dose (like this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES ..... 1 NO ..... 2 (SKIP TO 516) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 516) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 516) ← DON'T KNOW ..... 8
515	Did (NAME) receive a vitamin A dose within the last six months?	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	In the last seven days, did (NAME) take iron pills, sprinkles with iron, or iron syrup (like this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
517	Has (NAME) taken any drug for intestinal worms in the last six months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
518	Has (NAME) had diarrhea in the last 2 weeks? (6)	YES ..... 1 NO ..... 2 (SKIP TO 533) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 533) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 533) ← DON'T KNOW ..... 8
519	Was there any blood in the stools?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8

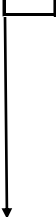

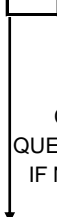
NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
520	<p>Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk).</p> <p>Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8</p>
521	<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?  IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8</p>
522	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 527) ←</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 527) ←</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 527) ←</p>
523	<p>Where did you seek advice or treatment? (7)  Anywhere else?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY)  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ..... G PHARMACY ... H PVT DOCTOR ... I MOBILE CLINIC . J FIELDWORKER . K OTHER PRIVATE MED. _____ L (SPECIFY)  OTHER SOURCE SHOP ..... M TRADITIONAL PRACTITIONER N OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY)  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ..... G PHARMACY ... H PVT DOCTOR ... I MOBILE CLINIC . J FIELDWORKER . K OTHER PRIVATE MED. _____ L (SPECIFY)  OTHER SOURCE SHOP ..... M TRADITIONAL PRACTITIONER N OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY)  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ..... G PHARMACY ... H PVT DOCTOR ... I MOBILE CLINIC . J FIELDWORKER . K OTHER PRIVATE MED. _____ L (SPECIFY)  OTHER SOURCE SHOP ..... M TRADITIONAL PRACTITIONER N OTHER _____ X (SPECIFY)</p>
524	<p>CHECK 523:</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 526) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 526) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 526) ←</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
525	Where did you first seek advice or treatment?  USE LETTER CODE FROM 523.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
526	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>
527	Does (NAME) still have diarrhea?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
528	Was he/she given any of the following to drink at any time since he/she started having the diarrhea:  a) A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]?  b) A pre-packaged ORS liquid? <b>(8)</b>  c) A government-recommended homemade fluid? <b>(9)</b>	<p style="text-align: center;">YES NO DK</p> <p>FLUID FROM ORS PKT .. 1 2 8</p> <p>ORS LQD .. 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>	<p style="text-align: center;">YES NO DK</p> <p>FLUID FROM ORS PKT .. 1 2 8</p> <p>ORS LQD .. 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>	<p style="text-align: center;">YES NO DK</p> <p>FLUID FROM ORS PKT .. 1 2 8</p> <p>ORS LQD .. 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>
529	Was anything (else) given to treat the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO 533) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 533) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 533) ← DON'T KNOW ..... 8
530	What (else) was given to treat the diarrhea?  Anything else?  RECORD ALL TREATMENTS GIVEN.	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC ..... A</p> <p>ANTIMOTILITY . B</p> <p>ZINC ..... C</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D</p> <p>UNKNOWN PILL OR SYRUP ... E</p> <p>INJECTION</p> <p>ANTIBIOTIC ..... F</p> <p>NON-ANTIBIOTIC . G</p> <p>UNKNOWN INJECTION ... H</p> <p>(IV) INTRAVENOUS . I</p> <p>HOME REMEDY/ HERBAL MEDICINE ..... J</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC ..... A</p> <p>ANTIMOTILITY . B</p> <p>ZINC ..... C</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D</p> <p>UNKNOWN PILL OR SYRUP ... E</p> <p>INJECTION</p> <p>ANTIBIOTIC ..... F</p> <p>NON-ANTIBIOTIC . G</p> <p>UNKNOWN INJECTION ... H</p> <p>(IV) INTRAVENOUS . I</p> <p>HOME REMEDY/ HERBAL MEDICINE ..... J</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC ..... A</p> <p>ANTIMOTILITY . B</p> <p>ZINC ..... C</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D</p> <p>UNKNOWN PILL OR SYRUP ... E</p> <p>INJECTION</p> <p>ANTIBIOTIC ..... F</p> <p>NON-ANTIBIOTIC . G</p> <p>UNKNOWN INJECTION ... H</p> <p>(IV) INTRAVENOUS . I</p> <p>HOME REMEDY/ HERBAL MEDICINE ..... J</p> <p>OTHER _____ X (SPECIFY)</p>
531	CHECK 530:  GIVEN ZINC?	<p>CODE "C" CIRCLED    CODE "C" NOT CIRCLED</p> <p><input type="checkbox"/>                      <input type="checkbox"/></p> <p>(SKIP TO 533) ←</p>	<p>CODE "C" CIRCLED    CODE "C" NOT CIRCLED</p> <p><input type="checkbox"/>                      <input type="checkbox"/></p> <p>(SKIP TO 533) ←</p>	<p>CODE "C" CIRCLED    CODE "C" NOT CIRCLED</p> <p><input type="checkbox"/>                      <input type="checkbox"/></p> <p>(SKIP TO 533) ←</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
532	How many times was (NAME) given zinc?	TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
533	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
534	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 537) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 537) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 537) ← DON'T KNOW ..... 8
535	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 538) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 538) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 538) ← DON'T KNOW ..... 8
536	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 538) ←	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 538) ←	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 538) ←
537	CHECK 533:  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 573)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	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 573)
538	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
539	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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
540	Did you seek advice or treatment for the illness from any source?	YES ..... 1 NO ..... 2 (SKIP TO 545) ←	YES ..... 1 NO ..... 2 (SKIP TO 545) ←	YES ..... 1 NO ..... 2 (SKIP TO 545) ←
541	Where did you seek advice or treatment? (7)  Anywhere else?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY)  PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC ..... G PHARMACY ... H PVT DOCTOR ... I MOBILE CLINIC . J FIELDWORKER . K OTHER PRIVATE MED. _____ L (SPECIFY)  OTHER SOURCE SHOP ..... M TRADITIONAL PRACTITIONER N  OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY)  PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC ..... G PHARMACY ... H PVT DOCTOR ... I MOBILE CLINIC . J FIELDWORKER . K OTHER PRIVATE MED. _____ L (SPECIFY)  OTHER SOURCE SHOP ..... M TRADITIONAL PRACTITIONER N  OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY)  PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC ..... G PHARMACY ... H PVT DOCTOR ... I MOBILE CLINIC . J FIELDWORKER . K OTHER PRIVATE MED. _____ L (SPECIFY)  OTHER SOURCE SHOP ..... M TRADITIONAL PRACTITIONER N  OTHER _____ X (SPECIFY)
542	CHECK 541:	TWO OR ONLY [ ] MORE ONE [ ] [ ] CODES CODE [ ] CIRCLED CIRCLED ↓ (SKIP TO 544) ←	TWO OR ONLY [ ] MORE ONE [ ] [ ] CODES CODE [ ] CIRCLED CIRCLED ↓ (SKIP TO 544) ←	TWO OR ONLY [ ] MORE ONE [ ] [ ] CODES CODE [ ] CIRCLED CIRCLED ↓ (SKIP TO 544) ←
543	Where did you first seek advice or treatment?  USE LETTER CODE FROM 541.	FIRST PLACE ... [ ]	FIRST PLACE ... [ ]	FIRST PLACE ... [ ]
544	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS ..... [ ][ ]	DAYS ..... [ ][ ]	DAYS ..... [ ][ ]
545	Is (NAME) still sick with a (fever/cough)?	FEVER ONLY ..... 1 COUGH ONLY ... 2 BOTH FEVER AND COUGH ..... 3 NO, NEITHER ..... 4 DON'T KNOW ... 8	FEVER ONLY ..... 1 COUGH ONLY ... 2 BOTH FEVER AND COUGH ..... 3 NO, NEITHER ..... 4 DON'T KNOW ... 8	FEVER ONLY ..... 1 COUGH ONLY ... 2 BOTH FEVER AND COUGH ..... 3 NO, NEITHER ..... 4 DON'T KNOW ... 8
546	At any time during the illness, did (NAME) take any drugs for the illness?	YES ..... 1 NO ..... 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW ..... 8



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
547	What drugs did (NAME) take? <b>(10)</b>  Any other drugs?  RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B AMODIAQUINE . C QUININE ..... D COMBINATION WITH ARTEMISININ . E COUNTRY SPEC. CBD ANTI- MALARIAL ... F OTHER ANTI- MALARIAL _____ ... G (SPECIFY)  ANTIBIOTIC DRUGS PILL/SYRUP ... H INJECTION ... I  OTHER DRUGS ASPIRIN ..... J ACETA- MINOPHEN ... K IBUPROFEN ... L  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B AMODIAQUINE . C QUININE ..... D COMBINATION WITH ARTEMISININ . E COUNTRY SPEC. CBD ANTI- MALARIAL ... F OTHER ANTI- MALARIAL _____ ... G (SPECIFY)  ANTIBIOTIC DRUGS PILL/SYRUP ... H INJECTION ... I  OTHER DRUGS ASPIRIN ..... J ACETA- MINOPHEN ... K IBUPROFEN ... L  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B AMODIAQUINE . C QUININE ..... D COMBINATION WITH ARTEMISININ . E COUNTRY SPEC. CBD ANTI- MALARIAL ... F OTHER ANTI- MALARIAL _____ ... G (SPECIFY)  ANTIBIOTIC DRUGS PILL/SYRUP ... H INJECTION ... I  OTHER DRUGS ASPIRIN ..... J ACETA- MINOPHEN ... K IBUPROFEN ... L  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z
548	CHECK 547: ANY CODE A-H CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/>  (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES <input type="checkbox"/> NO <input type="checkbox"/>  (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES <input type="checkbox"/> NO <input type="checkbox"/>  (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573)
549	Did you already have (NAME OF DRUG FROM 547) at home when the child became ill? <b>(10)</b>  ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH 'H' THAT THE CHILD IS RECORDED AS HAVING TAKEN IN 547.  IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG.  IF NO FOR ALL DRUGS, CIRCLE 'Y'.	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B AMODIAQUINE ... C QUININE ..... D COMBINATION WITH ARTEMISININ . E COUNTRY SPEC. CBD ANTI- MALARIAL ... F OTHER ANTI- MALARIAL ... G  ANTIBIOTIC PILL/ SYRUP ..... H  NO DRUG AT HOME . Y	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B AMODIAQUINE ... C QUININE ..... D COMBINATION WITH ARTEMISININ . E COUNTRY SPEC. CBD ANTI- MALARIAL ... F OTHER ANTI- MALARIAL ... G  ANTIBIOTIC PILL/ SYRUP ..... H  NO DRUG AT HOME . Y	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B AMODIAQUINE ... C QUININE ..... D COMBINATION WITH ARTEMISININ . E COUNTRY SPEC. CBD ANTI- MALARIAL ... F OTHER ANTI- MALARIAL ... G  ANTIBIOTIC PILL/ SYRUP ..... H  NO DRUG AT HOME . Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
550 (11)	CHECK 547: ANY CODE A-G CIRCLED?  <div style="border: 1px solid black; padding: 5px; width: fit-content;">             Questions 550-568 are part of the malaria module and should be omitted in countries that do not adopt the module.           </div>	YES                      NO <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES                      NO <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	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 573)
551 (11)	CHECK 547: SP/FANSIDAR ('A') GIVEN	CODE 'A'              CODE 'A' CIRCLED                      NOT <input type="checkbox"/> <input type="checkbox"/> ↓    ↓ (SKIP TO 554) ←	CODE 'A'              CODE 'A' CIRCLED                      NOT <input type="checkbox"/> <input type="checkbox"/> ↓    ↓ (SKIP TO 554) ←	CODE 'A'              CODE 'A' CIRCLED                      NOT <input type="checkbox"/> <input type="checkbox"/> ↓    ↓ (SKIP TO 554) ←
552 (11)	How long after the fever started did (NAME) first take SP/Fansidar?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
553 (11)	For how many days did (NAME) take the SP/Fansidar?  IF 7 DAYS OR MORE, RECORD 7.	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8
554 (11)	CHECK 547: CHLOROQUINE ('B') GIVEN	CODE 'B'              CODE 'B' CIRCLED                      NOT <input type="checkbox"/> <input type="checkbox"/> ↓    ↓ (SKIP TO 557) ←	CODE 'B'              CODE 'B' CIRCLED                      NOT <input type="checkbox"/> <input type="checkbox"/> ↓    ↓ (SKIP TO 557) ←	CODE 'B'              CODE 'B' CIRCLED                      NOT <input type="checkbox"/> <input type="checkbox"/> ↓    ↓ (SKIP TO 557) ←
555 (11)	How long after the fever started did (NAME) first take chloroquine?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
556 (11)	For how many days did (NAME) take the chloroquine?  IF 7 DAYS OR MORE, RECORD 7.	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8
557 (11)	CHECK 547: AMODIAQUINE ('C') GIVEN	CODE 'C'              CODE 'C' CIRCLED                      NOT <input type="checkbox"/> <input type="checkbox"/> ↓    ↓ (SKIP TO 560) ←	CODE 'C'              CODE 'C' CIRCLED                      NOT <input type="checkbox"/> <input type="checkbox"/> ↓    ↓ (SKIP TO 560) ←	CODE 'C'              CODE 'C' CIRCLED                      NOT <input type="checkbox"/> <input type="checkbox"/> ↓    ↓ (SKIP TO 560) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
558 (11)	How long after the fever started did (NAME) first take Amodiaquine?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
559 (11)	For how many days did (NAME) take the Amodiaquine?  IF 7 DAYS OR MORE, RECORD 7.	DAYS ..... <input type="checkbox"/>  DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/>  DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/>  DON'T KNOW ... 8
560 (11)	CHECK 547:  QUININE ('D') GIVEN	CODE 'D'      CODE 'D' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 563) ←	CODE 'D'      CODE 'D' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 563) ←	CODE 'D'      CODE 'D' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 563) ←
561 (11)	How long after the fever started did (NAME) first take quinine?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
562 (11)	For how many days did (NAME) take the quinine?  IF 7 DAYS OR MORE, RECORD 7.	DAYS ..... <input type="checkbox"/>  DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/>  DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/>  DON'T KNOW ... 8
563 (11)	CHECK 547:  COMBINATION WITH ARTEMISININ ('E') GIVEN	CODE 'E'      CODE 'E' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 566) ←	CODE 'E'      CODE 'E' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 566) ←	CODE 'E'      CODE 'E' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 566) ←
564 (11)	How long after the fever started did (NAME) first take (COMBINATION WITH ARTEMISININ)?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
565 (11)	For how many days did (NAME) take the (COMBINATION WITH ARTEMISININ)?  IF 7 DAYS OR MORE, RECORD 7.	DAYS ..... <input type="checkbox"/>  DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/>  DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/>  DON'T KNOW ... 8



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
573	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2001 (1) 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 574)</p> <p>_____</p> <p>(NAME)</p>		576																				
574	<p>The last time (NAME FROM 573) 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>																					
575	<p>CHECK 528(a) AND 528(b), ALL COLUMNS:</p> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID (12) <input type="checkbox"/></p> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID (12) <input type="checkbox"/></p>		577																				
576	<p>Have you ever heard of a special product called [LOCAL NAME FOR ORS PACKET] or a pre-packaged ORS liquid (12) you can get for the treatment of diarrhea?</p>	<p>YES ..... 1  NO ..... 2</p>																					
577	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2003 (13) 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 578)</p> <p>_____</p> <p>(NAME)</p>		601																				
578	<p>Now I would like to ask you about liquids or foods (NAME FROM 577) had yesterday during the day or at night.</p> <p>Did (NAME FROM 577) (drink/eat):</p> <p>Plain water?  Commercially produced infant formula?  Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, E.G., Cerelac]? (14)  Any (other) porridge or gruel?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>PLAIN WATER .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FORMULA .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BABY CEREAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER PORRIDGE/GRUEL..</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	PLAIN WATER .....	1	2	8	FORMULA .....	1	2	8	BABY CEREAL .....	1	2	8	OTHER PORRIDGE/GRUEL..	1	2	8	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																																											
579	<p>Now I would like to ask you about (other) liquids or foods that (NAME FROM 577)/you may have had yesterday during the day or at night. I am interested in whether your child/you had the item even if it was combined with other foods. <b>(15)</b></p> <p>Did (NAME FROM 577)/you drink (eat):</p> <p>a) Milk such as tinned, powdered, or fresh animal milk?</p> <p>b) Tea or coffee?</p> <p>c) Any other liquids?</p> <p>d) Bread, rice, noodles, or other foods made from grains? <b>(16)</b></p> <p>e) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside? <b>(17)</b></p> <p>f) White potatoes, white yams, manioc, cassava, or any other foods made from roots?</p> <p>g) Any dark green, leafy vegetables? <b>(18)</b></p> <p>h) Ripe mangoes, papayas or [INSERT ANY OTHER LOCALLY AVAILABLE VITAMIN A-RICH FRUITS]?</p> <p>i) Any other fruits or vegetables?</p> <p>j) Liver, kidney, heart or other organ meats?</p> <p>k) Any meat, such as beef, pork, lamb, goat, chicken, or duck?</p> <p>l) Eggs?</p> <p>m) Fresh or dried fish or shellfish?</p> <p>n) Any foods made from beans, peas, lentils, or nuts?</p> <p>o) Cheese, yogurt or other milk products?</p> <p>p) Any oil, fats, or butter, or foods made with any of these?</p> <p>q) Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?</p> <p>r) Any other solid or semi-solid food?</p>	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">CHILD</th> <th colspan="3">MOTHER</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>DK</th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td><b>a</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>b</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>c</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>d</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>e</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>f</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>g</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>h</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>i</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>j</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>k</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>l</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>m</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>n</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>o</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>p</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>q</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>r</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		CHILD			MOTHER			YES	NO	DK	YES	NO	DK	<b>a</b>	1	2	8	1	2	8	<b>b</b>	1	2	8	1	2	8	<b>c</b>	1	2	8	1	2	8	<b>d</b>	1	2	8	1	2	8	<b>e</b>	1	2	8	1	2	8	<b>f</b>	1	2	8	1	2	8	<b>g</b>	1	2	8	1	2	8	<b>h</b>	1	2	8	1	2	8	<b>i</b>	1	2	8	1	2	8	<b>j</b>	1	2	8	1	2	8	<b>k</b>	1	2	8	1	2	8	<b>l</b>	1	2	8	1	2	8	<b>m</b>	1	2	8	1	2	8	<b>n</b>	1	2	8	1	2	8	<b>o</b>	1	2	8	1	2	8	<b>p</b>	1	2	8	1	2	8	<b>q</b>	1	2	8	1	2	8	<b>r</b>	1	2	8	1	2	8	
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580	<p>CHECK 578 (LAST 2 CATEGORIES: BABY CEREAL OR OTHER PORRIDGE/GRUEL) AND 579 (CATEGORIES d THROUGH r FOR CHILD):</p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p>	<p>NOT A SINGLE "YES" <input type="checkbox"/> → 601</p>																																																																																																																																												
581	<p>How many times did (NAME FROM 577) eat solid, semisolid, 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="checkbox"/></p> <p>DON'T KNOW ..... 8</p>																																																																																																																																												

## SECTION 5 FOOTNOTES

- <sup>1</sup> For fieldwork beginning in 2007, 2008, or 2009, the year should be 2002, 2003, or 2004, respectively.
- <sup>2</sup> To be developed locally since immunization practices may vary from country to country, as may the terms used for the written record and for the vaccinations. Add yellow fever, rubella, MMR, Hib (3 doses), and hepatitis B (3 doses) in 506 in countries where these vaccinations are listed on the vaccination card.
- <sup>3</sup> Add to interviewer instruction yellow fever, rubella, MMR, Hib, and hepatitis B where these are included in 506.
- <sup>4</sup> To be developed locally since immunization practices may vary from country to country, as may the terms used for the vaccinations. Include question on injections for yellow fever, rubella, MMR, Hib, and Hepatitis B wherever they are included in 506.
- <sup>5</sup> Adapt question locally after determining the most common injection site.
- <sup>6</sup> The term(s) used for diarrhea should encompass the expressions used for all forms of diarrhea, including bloody stools (consistent with dysentery), watery stools, etc.
- <sup>7</sup> Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.
- <sup>8</sup> Include in the question the common names/brands for pre-packaged ORS liquids. If pre-packaged ORS liquids are not available in the country, this item should be deleted.
- <sup>9</sup> This item should be adapted to include the terms used locally for the recommended home fluid. The ingredients promoted by the government for making the recommended home fluid should be reflected in the category.
- <sup>10</sup> Coding categories to be developed locally and revised based on the pretest. Common brand names of drugs, such as Bayer, Tylenol or Paracetamol, should be added to the response categories for aspirin, acetaminophen, or ibuprofen as appropriate.
- <sup>11</sup> The question is part of the malaria module and should be deleted in surveys where the malaria module is not adopted.
- <sup>12</sup> Delete "or pre-packaged ORS liquid" in countries where such liquid is not available.
- <sup>13</sup> For fieldwork beginning in 2007, 2008, or 2009, the year should be 2004, 2005, or 2006, respectively.
- <sup>14</sup> In the case of fortified foods, the interviewer should ask to see the package and/or brand label (if available), to confirm that the food is fortified.
- <sup>15</sup> A separate category for any foods made with red palm oil, palm nut, or palm nut pulp sauce must be added in countries where these items are consumed. A separate category for any grubs, snails, insects or other small protein food must be added in countries where these items are eaten. Items in each food group should be modified to include only those foods that are locally available and/or consumed in the country. Local terms should be used.
- <sup>16</sup> Grains include millet, sorghum, maize, rice, wheat, or other local grains. Start with local foods, e.g. ugali, nshima, fufu, chapati, then follow with bread, rice, noodles, etc.
- <sup>17</sup> Items in this category should be modified to include only vitamin A rich tubers, starches, or red, orange, or yellow vegetables that are consumed in the country.
- <sup>18</sup> These include cassava leaves, bean leaves, kale, spinach, pepper leaves, taro leaves, amaranth leaves, or other dark green, leafy vegetables.

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	→ 617
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 (1)	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 (1)	Including yourself, in total, how many wives or partners does your husband live with now as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
608 (1)	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	→ 611
610 (2)	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED?  CURRENTLY WIDOWED <input type="checkbox"/> → 613  NOT ASKED OR CURRENTLY DIVORCED/SEPARATED <input type="checkbox"/> → 615		
611 (2)	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED?  NOT ASKED <input type="checkbox"/> → 615 CURRENTLY WIDOWED <input type="checkbox"/> → 613 CURRENTLY DIVORCED/SEPARATED <input type="checkbox"/> → 615		
612 (2)	How did your previous marriage or union end?	DEATH/WIDOWHOOD ..... 1 DIVORCE ..... 2 SEPARATION ..... 3	→ 615
613 (2)	To whom did most of your late husband's property go to? Questions 610-614 relate to the situation of orphans and vulnerable children and are part of the HIV/AIDS module. They should be included only in countries where HIV prevalence is higher than 5 percent or where more than 8 percent of children age 0-17 years are orphans (i.e., one or both biological parents have died).	RESPONDENT ..... 1 OTHER WIFE (3) ..... 2 SPOUSE'S CHILDREN ..... 3 SPOUSE'S FAMILY ..... 4 OTHER ..... 6 (SPECIFY) NO PROPERTY ..... 7	→ 615
614 (2)	Did you receive any of your late husband's assets or valuables?	YES ..... 1 NO ..... 2	

Qs. 606-608 should be included only in countries where polygamy is prevalent.

Questions 610-614 relate to the situation of orphans and vulnerable children and are part of the HIV/AIDS module. They should be included only in countries where HIV prevalence is higher than 5 percent or where more than 8 percent of children age 0-17 years are orphans (i.e., one or both biological parents have died).



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
615	<p>CHECK 609:</p> <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 when you started living with your first husband/partner. In what month and year was that?</p> </div> </div>	<p>MONTH ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p>	<p>→ 617</p>
616	How old were you when you first started living with him?	AGE ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
617	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
618	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE ..... 00</p> <p>AGE IN YEARS ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER ..... 95</p>	<p>→ 621</p> <p>→ 621</p>
619	<p>CHECK 107:      AGE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 15-24      AGE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 25-49</p>		→ 641
620	Do you intend to wait until you get married to have sexual intercourse for the first time?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	→ 641
621	<p>CHECK 107:      AGE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 15-24      AGE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 25-49</p>		→ 626
622	The <u>first</u> time you had sexual intercourse, was a condom used? (4)	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/DON'T REMEMBER ... 8</p>	
623	How old was the person you first had sexual intercourse with?	<p>AGE OF PARTNER ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW ..... 98</p>	→ 626
624	Was this person older than you, younger than you, or about the same age as you?	<p>OLDER ..... 1</p> <p>YOUNGER ..... 2</p> <p>ABOUT THE SAME AGE ..... 3</p> <p>DON'T KNOW/DON'T REMEMBER ... 8</p>	→ 626
625	Would you say this person was ten or more years older than you or less than ten years older than you?	<p>TEN OR MORE YEARS OLDER ..... 1</p> <p>LESS THAN TEN YEARS OLDER ... 2</p> <p>OLDER, UNSURE HOW MUCH ..... 3</p>	
626	<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    <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>WEEKS AGO ..... 2    <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>MONTHS AGO ..... 3    <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>YEARS AGO ..... 4    <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>	→ 640

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
626A	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. → SKIP TO 628			
627	When was the last time you had sexual intercourse with this person?		DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>
628	The last time you had sexual intercourse (with this second/third person), was a condom used? (4)	YES ..... 1 NO ..... 2 (SKIP TO 630) ←	YES ..... 1 NO ..... 2 (SKIP TO 630) ←	YES ..... 1 NO ..... 2 (SKIP TO 630) ←
629	Did you use a condom 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
630	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 (SKIP TO 636) ← LIVE-IN PARTNER .... 2 BOYFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE ..... 5 OTHER _____ 6 (SPECIFY)	HUSBAND ..... 1 (SKIP TO 636) ← LIVE-IN PARTNER .... 2 BOYFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE ..... 5 OTHER _____ 6 (SPECIFY)	HUSBAND ..... 1 (SKIP TO 636) ← LIVE-IN PARTNER .... 2 BOYFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE ..... 5 OTHER _____ 6 (SPECIFY)
631	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
632	CHECK 107:	AGE AGE <input type="checkbox"/> 15-24 25-49 <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 636) ←	AGE AGE <input type="checkbox"/> 15-24 25-49 <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 636) ←	AGE AGE <input type="checkbox"/> 15-24 25-49 <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 636) ←
633	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DON'T KNOW ..... 98
634	Is this person older than you, younger than you, or about the same age?	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 636) ←	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 636) ←	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 636) ←
635	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
636	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES ..... 1 NO ..... 2 (SKIP TO 638) ←	YES ..... 1 NO ..... 2 (SKIP TO 638) ←	YES ..... 1 NO ..... 2 (SKIP TO 639) ←
637	Were you or your partner drunk at that time?  IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4
638	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 627 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 640) ←	YES ..... 1 (GO BACK TO 627 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 640) ←	
639	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 GREATER THAN 95, 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
640	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS IN LIFETIME ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
641	<p>Do you know of a place where a person can get condoms?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 644
642	<p>Where is that? (5)</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, 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>MOBILE CLINIC ..... D</p> <p>FIELDWORKER ..... E</p> <p>OTHER PUBLIC _____ 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>MOBILE CLINIC ..... J</p> <p>FIELDWORKER ..... K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... M</p> <p>CHURCH ..... N</p> <p>FRIENDS/RELATIVES ..... O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
643	<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>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
644 (6)	Do you know of a place where a person can get female condoms?	YES ..... 1 NO ..... 2	→ 701
645 (6)	Where is that? (5)  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B FAMILY PLANNING CLINIC ..... C MOBILE CLINIC ..... D FIELDWORKER ..... E  OTHER PUBLIC _____ F (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... G PHARMACY ..... H PRIVATE DOCTOR ..... I MOBILE CLINIC ..... J FIELDWORKER ..... K OTHER PRIVATE MEDICAL _____ L (SPECIFY)  OTHER SOURCE SHOP ..... M CHURCH ..... N FRIENDS/RELATIVES ..... O  OTHER _____ X (SPECIFY)	
646 (6)	If you wanted to, could you yourself get a female condom?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8	

Qs. 644-646 should be included only in countries where female condoms are actively promoted.

- <sup>1</sup> The question should be deleted in countries where polygyny is not practiced.
- <sup>2</sup> The question relates to the situation of orphans and vulnerable children and is part of the HIV/AIDS module. The question should be included only in countries where HIV prevalence is higher than 5 percent or where more than 8 percent of children age 0-17 years are orphans (i.e., one or both biological parents have died).
- <sup>3</sup> This coding category should be deleted in countries where polygyny is not practiced.
- <sup>4</sup> In countries with an active female condom program, the wording of the question should be modified to include reference to both the male and female condom.
- <sup>5</sup> Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.
- <sup>6</sup> The question should be deleted in countries where female condoms are not actively promoted.

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 311/311A:  NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 713
702	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>  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?  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 (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW AND PREGNANT ..... 4 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE ..... 5	→ 704 → 713 → 709 → 708
703	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 YEARS ..... 2  SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE ..... 995  OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	→ 708 → 713 → 708
704	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 709
705	CHECK 310: USING A CONTRACEPTIVE METHOD?  NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 713
706	CHECK 703:  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"/>		→ 709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</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, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</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, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</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>SUBFECUND/INFECUND ..... E</p> <p>POSTPARTUM AMENORRHEIC ... F</p> <p>BREASTFEEDING ..... G</p> <p>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>HEALTH CONCERNS ..... O</p> <p>FEAR OF SIDE EFFECTS ..... P</p> <p>LACK OF ACCESS/TOO FAR ..... Q</p> <p>COSTS TOO MUCH ..... R</p> <p>INCONVENIENT TO USE ..... S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
708	<p>CHECK 310: 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>		→ 713
709	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 711 → 713
710	Which contraceptive method would you prefer to use? (1)	<p>FEMALE STERILIZATION ..... 01</p> <p>MALE STERILIZATION ..... 02</p> <p>PILL ..... 03</p> <p>IUD ..... 04</p> <p>INJECTABLES ..... 05</p> <p>IMPLANTS ..... 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 _____ 96 (SPECIFY)</p> <p>UNSURE ..... 98</p>	→ 713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED ..... 11  FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX ... 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND ..... 24 WANTS AS MANY CHILDREN AS POSSIBLE ..... 26  OPPOSITION TO USE RESPONDENT OPPOSED ..... 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED ..... 33 RELIGIOUS PROHIBITION ..... 34  LACK OF KNOWLEDGE KNOWS NO METHOD ..... 41 KNOWS NO SOURCE ..... 42  METHOD-RELATED REASONS HEALTH CONCERNS ..... 51 FEAR OF SIDE EFFECTS ..... 52 LACK OF ACCESS/TOO FAR ... 53 COSTS TOO MUCH ..... 54 INCONVENIENT TO USE ..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES ..... 56  OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	→ 713
712	Would you ever use a contraceptive method if you were married?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
713	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> ↓ ↓ 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? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE ..... 00 NUMBER ..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→ 715  → 715
714	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	
715	In the last few months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine?	YES NO RADIO ..... 1 2 TELEVISION ..... 1 2 NEWSPAPER OR MAGAZINE ... 1 2	
716	COUNTRY-SPECIFIC QUESTIONS ON MEDIA MESSAGES ABOUT FAMILY PLANNING.		



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	CHECK 601:  YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>	→ 801	
718	CHECK 311/311A:  CODE B, G, OR M CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>	→ 720 → 722	
719	Does your husband/partner know that you are using a method of family planning?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
720	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	MAINLY RESPONDENT ..... 1 MAINLY HUSBAND/PARTNER ..... 2 JOINT DECISION ..... 3 OTHER ..... 6 (SPECIFY)	
721	CHECK 311/311A:  NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>	→ 801	
722	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER ..... 1 MORE CHILDREN ..... 2 FEWER CHILDREN ..... 3 DON'T KNOW ..... 8	

<sup>1</sup> Response categories may be added for other methods, including fertility awareness methods.

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"/>	
803	Did your (last) husband/partner ever attend school?	YES ..... 1 NO ..... 2	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher? (1)	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3 DON'T KNOW ..... 8	→ 806
805	What was the highest (grade/form/year) he completed at that level? (1)	GRADE ..... <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"/> <hr/> <hr/> <hr/>	
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	→ 818
811	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <hr/> <hr/>	
812	CHECK 811:  WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 814
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND ..... 1 FAMILY LAND ..... 2 RENTED LAND ..... 3 SOMEONE ELSE'S LAND ..... 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	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	
815	Do you usually work at home or away from home?	HOME ..... 1 AWAY ..... 2	
816	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	
817	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	
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 827
819	CHECK 817: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 822
820	Who usually decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER ..... 6 (SPECIFY)	
821	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 DOESN'T BRING IN ANY MONEY ..... 4 DON'T KNOW ..... 8	→ 823
822	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)	
823	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 & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6 1      2      3      4      6	
824	Who usually makes decisions about making major household purchases?	1      2      3      4      6	
825	Who usually makes decisions about making purchases for daily household needs?	1      2      3      4      6	
826	Who usually makes decisions about visits to your family or relatives?	1      2      3      4      6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="0"> <thead> <tr> <th></th> <th>PRES./ 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					
	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																								
828	<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>If she goes out without telling him?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she burns the food?</p>	<table border="0"> <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> </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	
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<sup>1</sup> Revise according to the local educational system.

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	→ 942																
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 (1)	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 (1)	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 reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
907 (1)	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
908	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
909 (2)	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>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREG.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY	1	2	8	BREASTFEEDING	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY	1	2	8																
BREASTFEEDING	1	2	8																
910 (2)	CHECK 909: AT LEAST <input type="checkbox"/> ONE 'YES'	OTHER <input type="checkbox"/>	→ 912																
911 (2)	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																	
912 (2)	Have you heard about special antiretroviral drugs (USE LOCAL NAME) that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
913 (2)	CHECK 208 AND 215:  LAST BIRTH SINCE JANUARY 2003 (3) <input type="checkbox"/>	NO BIRTHS <input type="checkbox"/> LAST BIRTH BEFORE JANUARY 2003 (3) <input type="checkbox"/>	→ 922 → 922																
914 (2)	CHECK 407 FOR LAST BIRTH: HAD ANTENATAL CARE <input type="checkbox"/>	NO ANTENATAL CARE <input type="checkbox"/>	→ 922																
914A (2)	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
915 (2)	During any of the antenatal visits for your last birth, did anyone talk to you 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>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>AIDS FROM MOTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>THINGS TO DO</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TESTED FOR AIDS</td> <td>1</td> <td>2</td> <td>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	
	YES	NO	DK																
AIDS FROM MOTHER	1	2	8																
THINGS TO DO	1	2	8																
TESTED FOR AIDS	1	2	8																
916 (2)	Were you offered a test for the AIDS virus as part of your antenatal care?	YES ..... 1 NO ..... 2																	

Questions 909-926 should be deleted in surveys where the HIV/AIDS module is not adopted.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
917 (2)	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	→ 922
918 (2)	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	
919 (2)	Where was the test done? (4)  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 STAND-ALONE VCT CENTER .. 13 FAMILY PLANNING CLINIC ..... 14 MOBILE CLINIC ..... 15 FIELDWORKER ..... 16  OTHER PUBLIC _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 STAND-ALONE VCT CENTER ... 22 PHARMACY ..... 23 MOBILE CLINIC ..... 24 FIELDWORKER ..... 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY)	
920 (2)	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES ..... 1 NO ..... 2	→ 923
921 (2)	When was the last time you were tested for the AIDS virus?	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3	→ 929
922 (2)	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	→ 927
923 (2)	When was the last time you were tested?	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3	
924 (2)	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST ..... 1 OFFERED AND ACCEPTED ..... 2 REQUIRED ..... 3	
925 (2)	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
926 (2)	<p>Where was the test done? (4)</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>STAND-ALONE VCT CENTER .. 13</p> <p>FAMILY PLANNING CLINIC ..... 14</p> <p>MOBILE CLINIC ..... 15</p> <p>FIELDWORKER ..... 16</p> <p>OTHER PUBLIC _____ 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR ..... 21</p> <p>STAND-ALONE VCT CENTER .. 22</p> <p>PHARMACY ..... 23</p> <p>MOBILE CLINIC ..... 24</p> <p>FIELDWORKER ..... 25</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 929</p>
927	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 929</p>
928	<p>Where is that? (4)</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <div data-bbox="502 1420 752 1683" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Questions 933-939 are used to assess aspects of the President's Emergency Plan for AIDS Relief and must be included in the countries targeted for special initiatives under the Plan.</p> </div>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>STAND-ALONE VCT CENTER ... C</p> <p>FAMILY PLANNING CLINIC ..... D</p> <p>MOBILE CLINIC ..... E</p> <p>FIELDWORKER ..... F</p> <p>OTHER PUBLIC _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR ..... H</p> <p>STAND-ALONE VCT CENTER ... I</p> <p>PHARMACY ..... J</p> <p>MOBILE CLINIC ..... K</p> <p>FIELDWORKER ..... L</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ M</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
929	<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>	
930	<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>	
931	<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>	
932	<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>	
933 (5)	<p>Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have the AIDS virus?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK ANYONE WITH AIDS ..... 3</p>	<p>→ 938</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
934 (5)	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES ..... 1 NO ..... 2	
935 (5)	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES ..... 1 NO ..... 2	
936 (5)	CHECK 933, 934, AND 935: NOT A SINGLE 'YES' <input type="checkbox"/>	AT LEAST ONE 'YES' <input type="checkbox"/>	→ 938
937 (5)	Do you personally know someone who has or is suspected to have the AIDS virus?	YES ..... 1 NO ..... 2	
938 (5)	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
939 (5)	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
940 (2)	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
941 (2)	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
942	CHECK 901: HEARD ABOUT AIDS <input type="checkbox"/> Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> Have you heard about infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	Questions 940-941 should be deleted in surveys where the HIV/AIDS module is not adopted.
943	CHECK 618: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 951
944	CHECK 942: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 946
945	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	
946	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	
947	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	
948	CHECK 945, 946, AND 947: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 951
949	The last time you had (PROBLEM FROM 945/946/947), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 951



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
950	<p>Where did you go? (4)</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, 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>STAND-ALONE VCT CENTER ... C</p> <p>FAMILY PLANNING CLINIC ..... D</p> <p>MOBILE CLINIC ..... E</p> <p>FIELDWORKER ..... F</p> <p>OTHER PUBLIC _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR ..... H</p> <p>STAND-ALONE VCT CENTER ... I</p> <p>PHARMACY ..... J</p> <p>MOBILE CLINIC ..... K</p> <p>FIELDWORKER ..... L</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
951	<p>Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
952 (2)	<p>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?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
953	<p>Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
954	<p>Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?(6)</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
955 (2)	<p>CHECK 601:</p> <p>CURRENTLY MARRIED/ <input type="checkbox"/> LIVING WITH A MAN <input type="checkbox"/></p> <p>NOT IN UNION <input type="checkbox"/> → 958</p>		
956 (2)	<p>Can you say no to your husband/partner if you do not want to have sexual intercourse?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DEPENDS/NOT SURE ..... 8</p>	
957 (2)	<p>Could you ask your husband/partner to use a condom if you wanted him to?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DEPENDS/NOT SURE ..... 8</p>	
958 (5)	<p>Do you believe that young men should wait until they are married to have sexual intercourse?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
959 (5)	<p>Do you think that most young men you know wait until they are married to have sexual intercourse?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DEPENDS ..... 8</p>	
960 (5)	<p>Do you believe that men who are not married and are having sex should only have sex with one partner?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DEPENDS ..... 8</p>	
961 (5)	<p>Do you think that most men you know who are not married and are having sex, have sex with only one partner?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	

Question 952 should be deleted in surveys where the HIV/AIDS module is not adopted.

Questions 955-957 should be deleted in surveys where the HIV/AIDS module is not adopted.

Questions 958-969 are used to assess aspects of the President's Emergency Plan for AIDS Relief and must be included in the countries targeted for special initiatives under the Plan.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
962 (5)	Do you believe that married men should only have sex with their wives?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
963 (5)	Do you think that most married men you know have sex only with their wives?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
964 (5)	Do you believe that young women should wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
965 (5)	Do you think that most young women you know wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
966 (5)	Do you believe that women who are not married and are having sex should only have sex with one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
967 (5)	Do you think that most women you know who are not married and are having sex, have sex with only one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
968 (5)	Do you believe that married women should only have sex with their husbands?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
969 (5)	Do you think that most married women you know have sex only with their husbands?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	

<sup>1</sup> If 903, 905 and/or 907 do not apply to the local context, replace the question using a specific local misconception.

At least two questions related to misconceptions are needed.

<sup>2</sup> The question should be deleted in surveys where the HIV/AIDS module is not adopted.

<sup>3</sup> For fieldwork in 2007, 2008, or 2009, the year should be 2004, 2005 and 2006, respectively.

<sup>4</sup> Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

<sup>5</sup> The question is used to assess aspects of the President's Emergency Plan for AIDS Relief and must be included in the countries targeted for special initiatives under the Plan.

<sup>6</sup> In polygynous societies, the phrase 'other women' should be replaced by the phrase 'women other than his wives'.

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Have you ever heard of an illness called tuberculosis or TB? <b>(1)</b>	YES ..... 1 NO ..... 2	→ 1005
1002	How does tuberculosis spread from one person to another?  PROBE: Any other ways?  RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A THROUGH SHARING UTENSILS ..... B THROUGH TOUCHING A PERSON WITH TB ..... C THROUGH FOOD ..... D THROUGH SEXUAL CONTACT ..... E THROUGH MOSQUITO BITES ..... F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
1003	Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1004	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/ DEPENDS ..... 8	
1005	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 GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  NONE ..... 00	→ 1009
1006	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 GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  NONE ..... 00	→ 1009
1007	The last time you had an injection given to you by a health worker, where did you go to get the injection? <b>(2)</b>  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12  OTHER PUBLIC _____ 16 (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 DENTAL CLINIC/OFFICE ..... 22  PHARMACY ..... 23 OFFICE OR HOME OF NURSE/ HEALTH WORKER ..... 24 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY)  OTHER PLACE AT HOME ..... 31  OTHER _____ 96 (SPECIFY)	
1008	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1009	Do you currently smoke cigarettes?	YES ..... 1 NO ..... 2	→ 1011

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1010	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES ..... <input type="text"/> <input type="text"/>	
1011	Do you currently smoke or use any other type of tobacco? (3)	YES ..... 1 NO ..... 2	→ 1013
1012	What (other) type of tobacco do you currently smoke or use?  RECORD ALL MENTIONED.	PIPE ..... A CHEWING TOBACCO ..... B SNUFF ..... C  OTHER _____ X (SPECIFY)	
1013	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?	PERMISSION TO GO ... 1 2	
	Getting money needed for treatment?	GETTING MONEY ..... 1 2	
	The distance to the health facility?	DISTANCE ..... 1 2	
	Having to take transport?	TAKING TRANSPORT ... 1 2	
	Not wanting to go alone?	GO ALONE ..... 1 2	
	Concern that there may not be a female health provider?	NO FEMALE PROV. ... 1 2	
	Concern that there may not be any health provider?	NO PROVIDER ... 1 2	
	Concern that there may be no drugs available?	NO DRUGS ... 1 2	
1014	Are you covered by any health insurance? (4)	YES ..... 1 NO ..... 2	→ 1016
1015	What type of health insurance?  RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE ..... A HEALTH INSURANCE THROUGH EMPLOYER ..... B SOCIAL SECURITY ..... C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. D OTHER _____ X (SPECIFY)	
1016 (5)	CHECK 217: ← (YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-17 OTHER <input type="checkbox"/> →		→ 1018
1017 (5)	Now I would like to ask you about your own child(ren) who (is/are) under the age of 18.  Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?	YES ..... 1 NO ..... 2 UNSURE ..... 8	
1018 (5)	(Besides your own child/children), are you the primary caregiver for any children under the age of 18?	YES ..... 1 NO ..... 2	→ 1020
1019 (5)	Have you made arrangements for someone to care for (this child/these children) in the event that you fall sick or are unable to care for (him/her/them)?	YES ..... 1 NO ..... 2 UNSURE ..... 8	

Questions 1016-1019 relate to the situation of orphans and vulnerable children and are part of the HIV/AIDS module. They should be included only in countries where HIV prevalence is higher than 5 percent or where more than 8 percent of children age 0-17 years are orphans (i.e., one or both biological parents have died).

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
1020	RECORD THE TIME.	HOUR ..... <table border="1" data-bbox="1408 165 1515 221"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> MINUTES ..... <table border="1" data-bbox="1408 221 1515 277"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

<sup>1</sup> Use local term for TB, if any.

<sup>2</sup> Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

<sup>3</sup> Add local terms.

<sup>4</sup> If a health service prepayment plan or other types of plans are available in the country, add those types of plans in the question.

<sup>5</sup> The question relates to the situation of orphans and vulnerable children and is part of the HIV/AIDS module. The question should be included only in countries where HIV prevalence is higher than 5 percent or where more than 8 percent of children age 0-17 years are orphans (i.e., one or both biological parents have died).

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: \_\_\_\_\_

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.  
ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE \*\*

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTABLES
- 6 IMPLANTS
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER \_\_\_\_\_

(SPECIFY)

12	DEC	01		
11	NOV	02		
10	OCT	03		
09	SEP	04		
2	08	AUG	05	2
0	07	JUL	06	0
0	06	JUN	07	0
6	05	MAY	08	6
*	04	APR	09	*
	03	MAR	10	
	02	FEB	11	
	01	JAN	12	

12	DEC	13		
11	NOV	14		
10	OCT	15		
09	SEP	16		
2	08	AUG	17	2
0	07	JUL	18	0
0	06	JUN	19	0
5	05	MAY	20	5
*	04	APR	21	*
	03	MAR	22	
	02	FEB	23	
	01	JAN	24	

12	DEC	25		
11	NOV	26		
10	OCT	27		
09	SEP	28		
2	08	AUG	29	2
0	07	JUL	30	0
0	06	JUN	31	0
4	05	MAY	32	4
*	04	APR	33	*
	03	MAR	34	
	02	FEB	35	
	01	JAN	36	

12	DEC	37		
11	NOV	38		
10	OCT	39		
09	SEP	40		
2	08	AUG	41	2
0	07	JUL	42	0
0	06	JUN	43	0
3	05	MAY	44	3
*	04	APR	45	*
	03	MAR	46	
	02	FEB	47	
	01	JAN	48	

12	DEC	49		
11	NOV	50		
10	OCT	51		
09	SEP	52		
2	08	AUG	53	2
0	07	JUL	54	0
0	06	JUN	55	0
2	05	MAY	56	2
*	04	APR	57	*
	03	MAR	58	
	02	FEB	59	
	01	JAN	60	

12	DEC	61		
11	NOV	62		
10	OCT	63		
09	SEP	64		
2	08	AUG	65	2
0	07	JUL	66	0
0	06	JUN	67	0
1	05	MAY	68	1
*	04	APR	69	*
	03	MAR	70	
	02	FEB	71	
	01	JAN	72	

\* For fieldwork beginning in 2007, 2008 or 2009, the years should be adjusted.

\*\* Response categories may be added for other methods, including fertility awareness methods.