DEMOGRAPHIC AND HEALTH SURVEYS
MODEL WOMAN'S QUESTIONNAIRE

[NAME OF COUNTRY]
[NAME OF ORGANIZATION]

IDENTIFICATION (1)

PLACE NAME

NAME OF HOUSEHOLD HEAD

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

NAME AND LINE NUMBER OF WOMAN

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
INTERVIEWER'S NAME				YEAR
				INT. NO.
RESULT*				RESULT*
NEXT VISIT: DATE				TOTAL NUMBER
TIME				OF VISITS

*RESULT CODES: 1 COMPLETED   4 REFUSED
2 NOT AT HOME   5 PARTLY COMPLETED   7 OTHER _____
3 POSTPONED   6 INCAPACITATED   SPECIFY

LANGUAGE OF QUESTIONNAIRE**   **0** **1**   LANGUAGE OF INTERVIEW**   NATIVE LANGUAGE OF RESPONDENT**   TRANSLATOR USED (YES = 1, NO = 2)

LANGUAGE OF QUESTIONNAIRE**   **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH   03 LANGUAGE 3   05 LANGUAGE 5
02 LANGUAGE 2   04 LANGUAGE 4   06 LANGUAGE 6

TEAM	TEAM SUPERVISOR	CAPI SUPERVISOR (2)
NUMBER	NAME NUMBER	NAME NUMBER

(1) This section should be adapted for country-specific survey design.

(2) Remove the section for recording the name and ID number of the CAPI supervisor if the survey does not have CAPI supervisors who are separate from the team supervisors.

Note: Questions with highlighting in the question number column may be deleted in some circumstances (see footnotes). Brackets [ ] indicate items that should be adapted on a country-specific basis.

INTRODUCTION AND CONSENT
(1)

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

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

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

SIGNATURE OF INTERVIEWER _____   DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . .   1

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
102	RECORD THE TIME.	HOURS . . . . ☐☐ MINUTES . . . . ☐☐	
102	What [PROVINCE/REGION/STATE] were you born in?	[PROVINCE/REGION/STATE] . . . . 01 [PROVINCE/REGION/STATE] . . . . 02 [PROVINCE/REGION/STATE] . . . . 03 OUTSIDE OF [COUNTRY] 96	→ 104
103	What country were you born in?	COUNTRY _____ ☐☐	
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . ☐☐ ALWAYS . . . . 95 VISITOR 96	→ 110
105	CHECK 104: 00 - 04 YEARS ☐ 05 YEARS ☐ OR MORE		→ 107
106	In what month and year did you move here?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
107	Just before you moved here, which [PROVINCE/REGION/STATE] did you live in?	[PROVINCE/REGION/STATE] . . . . 01 [PROVINCE/REGION/STATE] . . . . 02 [PROVINCE/REGION/STATE] . . . . 03 OUTSIDE OF [COUNTRY] 96	
108	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY . . . . 1 TOWN . . . . 2 RURAL AREA 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109 (2)	Why did you move to this place?	EMPLOYMENT .... 01 EDUCATION/TRAINING .... 02 MARRIAGE FORMATION .... 03 FAMILY REUNIFICATION/OTHER FAMILY-RELATED REASON .... 04 FORCED DISPLACEMENT .... 05 OTHER _____ 96 (SPECIFY)	
110	In what month and year were you born?	MONTH .... ☐☐ DON'T KNOW MONTH .... 98 YEAR .... ☐☐☐☐ DON'T KNOW YEAR 9998	
111	How old were you at your last birthday? COMPARE AND CORRECT 110 AND/OR 111 IF INCONSISTENT.	AGE IN COMPLETED YEARS .... ☐☐	
112	In general, would you say your health is very good, good, moderate, bad, or very bad?	VERY GOOD .... 1 GOOD .... 2 MODERATE .... 3 BAD .... 4 VERY BAD 5	
113	Have you ever attended school?	YES .... 1 NO 2	→ 117
114 (3)	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY .... 1 SECONDARY .... 2 HIGHER 3	
115 (3)	What is the highest [GRADE/FORM/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] .... ☐☐	
116	CHECK 114: PRIMARY OR ☐ HIGHER ☐ SECONDARY ↓		→ 119

117 (4)	Now I would like you to read this sentence to me.
	
	SHOW CARD TO RESPONDENT.
	
	IF RESPONDENT CANNOT READ WHOLE SENTENCE,
	PROBE: Can you read any part of the sentence to me?
		CANNOT READ AT ALL 1
		ABLE TO READ ONLY PART OF
		    THE SENTENCE 2
		ABLE TO READ WHOLE SENTENCE 3
		NO CARD WITH REQUIRED
		    LANGUAGE _____ 4
		(SPECIFY LANGUAGE)
		BLIND/VISUALLY IMPAIRED 5	

118	CHECK 117: CODE '2', '3' CODE '1' OR '5' OR '4' ☐ CIRCLED ☐ CIRCLED ↓		→ 120
119	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK .... 1 LESS THAN ONCE A WEEK .... 2 NOT AT ALL 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK .... 1 LESS THAN ONCE A WEEK .... 2 NOT AT ALL 3	
121	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK .... 1 LESS THAN ONCE A WEEK .... 2 NOT AT ALL 3	
122	Do you own a mobile phone?	YES .... 1 NO 2	→ 127
123	Is your mobile phone a smart phone?	YES .... 1 NO 2	
127	Have you ever used the Internet from any location on any device?	YES .... 1 NO 2	→ 130
128	In the last 12 months, have you used the Internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES .... 1 NO 2	→ 130
129	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY .... 1 AT LEAST ONCE A WEEK .... 2 LESS THAN ONCE A WEEK .... 3 NOT AT ALL 4	
130	What is your religion?	[RELIGION] .... 01 [RELIGION] .... 02 [RELIGION] .... 03 OTHER _____ 96 (SPECIFY)	
131	What is your ethnic group?	[ETHINIC GROUP] .... 01 [ETHINIC GROUP] .... 02 [ETHINIC GROUP] .... 03 OTHER _____ 96 (SPECIFY)	

(1) Increase the time reported to the respondent if modules are added to the questionnaire.

(2) Adapt the list of codes to include other common country-specific reasons for migration; e.g., repatriation, post-conflict return to prior place of residence, environmental crisis, natural disaster, or nomadic/pastoralist.

(3) Revise according to the local education system.

(4) Each card should have four simple sentences appropriate to the country (e.g., "Parents love their children.", "Farming is hard work.", "The child is reading a book.", "Children work hard at school."). Cards should be prepared for every language in which respondents are likely to be literate.

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

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

RECORD ALL PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
230	COMPARE 212 WITH NUMBER OF PREGNANCY OUTCOMES IN PREGNANCY HISTORY NUMBER IN PREGNANCY HISTORY IS GREATER THAN OR EQUAL TO 212 ↓ NUMBER IN PREGNANCY HISTORY IS LESS THAN 212 (PROBE AND RECONCILE) ←		
231	**C** FOR EACH LIVE BIRTH IN 2017-2022, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH LIVE BIRTH, RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2017-2022, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY. IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.		
232	Are you pregnant now?	YES . . . . 1 NO . . . . 2 UNSURE 8	→ 236
233	How many weeks or months pregnant are you? RECORD NUMBER OF COMPLETED WEEKS OR MONTHS. **C** ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS. IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.	WEEKS . . . . 1 ☐☐ MONTHS . . . . 2 ☐☐	
234	When you got pregnant, did you want to get pregnant at that time?	YES . . . . 1 NO 2	→ 236
235	CHECK 208: TOTAL NUMBER OF LIVE BIRTHS ONE OR MORE ☐ NONE ☐ a) Did you want to have a baby later on or did you not want any more children? b) Did you want to have a baby later on or did you not want any children?	LATER . . . . 1 NO MORE/NONE 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
236	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO .... 1 ☐☐ WEEKS AGO .... 2 ☐☐ MONTHS AGO .... 3 ☐☐ YEARS AGO .... 4 ☐☐ IN MENOPAUSE/HAS HAD HYSTERECTOMY.. 994 BEFORE LAST PREGNANCY .... 995 NEVER MENSTRUATED 996	 →240 →241
237	CHECK 236: WAS THE LAST MENSTRUAL PERIOD WITHIN THE LAST YEAR? YES, ☐ WITHIN LAST YEAR ↓ NO, ☐ ONE YEAR OR MORE		 →240
238 (1)	During your last menstrual period, what did you use to collect or absorb your menstrual blood? Anything else?	REUSABLE SANITARY PADS .... A DISPOSABLE SANITARY PADS .... B TAMPONS .... C MENSTRUAL CUP .... D CLOTH .... E TOILET PAPER .... F COTTON WOOL .... G UNDERWEAR ONLY .... H OTHER _____ X (SPECIFY) NOTHING .... Y	
239	During your last menstrual period, were you able to wash and change in privacy while at home?	YES .... 1 NO .... 2 AWAY FROM HOME DURING LAST MENSTRUAL PERIOD 3	
240	How old were you when you had your first menstrual period?	AGE .... ☐☐ DON'T KNOW 98	
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES .... 1 NO .... 2 DON'T KNOW 8	→243
242	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS .... 1 DURING HER PERIOD .... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS .... 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
243	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES .... 1 NO .... 2 DON'T KNOW 8	

(1) Adapt response categories locally, as needed.

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.		
01	Have you heard of Female Sterilization? PROBE: Women can have an operation to avoid having any more children.	YES .... NO	1 2
02	Have you heard of Male Sterilization? PROBE: Men can have an operation to avoid having any more children.	YES .... NO	1 2
03	Have you heard of IUD? PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES .... NO	1 2
04	Have you heard of Injectables? PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES .... NO	1 2
05	Have you heard of Implants? PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES .... NO	1 2
06	Have you heard of Pill? PROBE: Women can take a pill every day to avoid becoming pregnant.	YES .... NO	1 2
07	Have you heard of Condom? PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES .... NO	1 2
08	Have you heard of Female Condom? PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES .... NO	1 2
09 (1)	Have you heard of Emergency Contraception? PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES .... NO	1 2
10 (2)	Have you heard of Standard Days Method? PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES .... NO	1 2
11 (3)	Have you heard of Lactational Amenorrhea Method (LAM)? PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES .... NO	1 2
12	Have you heard of Rhythm Method? PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES .... NO	1 2
13	Have you heard of Withdrawal? PROBE: Men can be careful and pull out before climax.	YES .... NO	1 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ (SPECIFY) YES, TRADITIONAL METHOD _____ (SPECIFY) NO	A B Y

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 232: NOT PREGNANT ☐ OR UNSURE ↓	PREGNANT ☐	→ 317
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 307
304 (4)	Are you or your partner sterilized? IF YES: Who is sterilized, you or your partner?	YES, RESPONDENT STERILIZED ONLY . . . . . 1 YES, PARTNER STERILIZED ONLY . . . . 2 YES, BOTH STERILIZED . . . . 3 NO, NEITHER STERILIZED 4	→ 306
305 (4)	CHECK 304: RESPONDENT ☐ PARTNER ☐ BOTH ☐ STERILIZED ONLY ↓ STERILIZED ONLY ↓ STERILIZED ↓ PROCEED TO 307. CIRCLE PROCEED TO 307. CIRCLE PROCEED TO 307. CIRCLE CODE CODE 'A' AND FOLLOW THE CODE 'B' AND FOLLOW THE 'A' AND CODE 'B' AND FOLLOW SKIP INSTRUCTION. SKIP INSTRUCTION. THE SKIP INSTRUCTION.		
306	Just to check, are you or your partner doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency contraception?	YES . . . . 1 NO 2	→ 317
307 (5)	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . A MALE STERILIZATION . . . . B IUD . . . . C INJECTABLES . . . . D IMPLANTS . . . . E PILL . . . . F CONDOM . . . . G FEMALE CONDOM . . . . H EMERGENCY CONTRACEPTION . . . . I STANDARD DAYS METHOD . . . . J LACTATIONAL AMENORRHEA METHOD . . . . . K RHYTHM METHOD . . . . L WITHDRAWAL . . . . M OTHER MODERN METHOD . . . . X OTHER TRADITIONAL METHOD . . . . Y	→ 312 → 312 → 314 → 314 → 310 → 311 → 314
308 (6)	Now I'm going to show you two pictures. Please point to the picture that best matches what was used the last time you received your injectable. SHOW IMAGES OF SAYANA PRESS AND REGULAR SYRINGE.	DMPA-SC/SAYANA PRESS . . . . 1 NEEDLE AND SYRINGE . . . . 2 DON'T KNOW 8	→ 314
309 (6)	The last time you received your injectable, did you inject DMPA-SC/Sayana Press yourself or did a health care provider do it for you?	SELF-INJECTION . . . . 1 INJECTION GIVEN BY HEALTH CARE PROVIDER 2 DON'T KNOW 8	→ 314
310	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	BRAND A . . . . 01 BRAND B . . . . 02 BRAND C . . . . 03 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 314

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	BRAND A .... 01 BRAND B .... 02 BRAND C .... 03 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	314

312
(7)
	In what facility did the sterilization take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL 11
		   GOVERNMENT HEALTH CENTER 12
		   FAMILY PLANNING CLINIC 13
		   MOBILE CLINIC 14
		   OTHER PUBLIC SECTOR
		
		   _____ 16
		         (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL 21
		   PRIVATE CLINIC 22
		   PRIVATE DOCTOR'S OFFICE 23
		   MOBILE CLINIC 24
		   OTHER PRIVATE MEDICAL SECTOR
		
		   _____ 26
		         (SPECIFY)
		
		NGO MEDICAL SECTOR
		   NGO HOSPITAL 31
		   NGO CLINIC 32
		   OTHER NGO MEDICAL SECTOR
		
		   _____ 36
		         (SPECIFY)
		
		OTHER_____ 96
		       (SPECIFY)
		DON'T KNOW 98	

313	In what month and year was the sterilization performed?	MONTH .... YEAR	315
314	Since what month and year have you been using (METHOD) without stopping? PROBE: For how long have you been using (METHOD) now without stopping?	MONTH .... YEAR	

315	CHECK 313 AND 314, AND 220: ANY LIVE BIRTH, STILLBIRTH, MISSCARRIAGE OR ABORTION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 313 OR 314?
	
	    NO YES ☐
	
	    ☐
	    GO BACK TO 313 OR 314, PROBE AND RECORD MONTH AND YEAR
	    AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE
	    AFTER LAST BIRTH OR PREGNANCY TERMINATION).	

316 (9)	CHECK 313 AND 314:

YEAR IS 2017-2022 ☐

C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.

THEN CONTINUE

↓

YEAR IS 2016 OR EARLIER ☐

C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2017 .

THEN ┐

(SKIP TO 329) ←

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317 (9)	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.

USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2017. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.

C IN **COLUMN 1**, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.

ILLUSTRATIVE QUESTIONS:
a) When was the last time you used a method? Which method was that?
b) When did you start using that method? How long after the birth of (NAME)?
c) How long did you use the method then?

C IN **COLUMN 2**, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.

ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.

ILLUSTRATIVE QUESTIONS:
d) Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?

e) IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316 (9)	CHECK 313 AND 314: YEAR IS 2017-2022 ☐ YEAR IS 2016 OR EARLIER ☐ **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2017 . THEN CONTINUE THEN ┐ ↓ (SKIP TO 329) ←		
317 (9)	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2017. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY	**C**	
317A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	
317B	Between (EVENT ONE) in (MONTH/YEAR ONE) and (EVENT TWO) in (MONTH/YEAR TWO), did you or your partner use any method of contraception?	YES . . . . 1 NO 2	→ 317I
317C	Which method was that?	METHOD CODE . . . . ☐	
317D	How many months after (EVENT ONE) in (MONTH/YEAR ONE) did you start to use the (METHOD)? RECORD '95' IF THE RESPONDENT SAYS THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY . . . . 00 MONTHS . . . . ☐☐ DATE GIVEN 95	→ 317F
317E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	
317F	For how many months did you use the (METHOD) continuously? RECORD '95' IF RESPONDENT GAVE THE DATE OF TERMINATION OF USE	MONTHS . . . . ☐☐ DATE GIVEN 95	→ 317H
317G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	
317H	Why did you stop using (METHOD)?	REASON STOPPED . . . . ☐	
317I	GO BACK TO 317A FOR NEXT GAP; OR, IF NO MORE GAPS, GO TO 318.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318 (1)	Have you used emergency contraception in the last 12 months? That is, have you taken special pills within 3 days after having unprotected sexual intercourse to prevent pregnancy?	YES . . . . 1 NO 2	
319	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED ☐ ↓ ANY METHOD USED ☐		→ 321
320	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 331
321	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . . . 00 FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 IUD . . . . 03 INJECTABLES . . . . 04 IMPLANTS . . . . 05 PILL . . . . 06 CONDOM . . . . 07 FEMALE CONDOM . . . . 08 EMERGENCY CONTRACEPTION . . . . 09 STANDARD DAYS METHOD . . . . 10 LACTATIONAL AMENORRHEA METHOD . . . . . 11 RHYTHM METHOD . . . . 12 WITHDRAWAL . . . . 13 OTHER MODERN METHOD . . . . 95 OTHER TRADITIONAL METHOD 96	→ 331 → 324 → 332 → 332 → 332
322 (7)	You first started using (METHOD) in (DATE FROM 314). Where did you get it at that time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . 11 GOVERNMENT HEALTH CENTER . . . . 12 FAMILY PLANNING CLINIC . . . . 13 MOBILE CLINIC . . . . 14 COMMUNITY HEALTH WORKER/FIELDWORKER 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . 21 PRIVATE CLINIC . . . . 22 PHARMACY . . . . 23 PRIVATE DOCTOR . . . . 24 MOBILE CLINIC . . . . 25 COMMUNITY HEALTH WORKER/FIELDWORKER 26 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY) **NGO MEDICAL SECTOR** NGO HOSPITAL . . . . 31 NGO CLINIC . . . . 32 OTHER NGO MEDICAL SECTOR _____ 36 (SPECIFY) **OTHER SOURCE** SHOP . . . . 41 CHURCH . . . . 42 FRIEND/RELATIVE . . . . 43 OTHER _____ 96 (SPECIFY)	

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

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

(1) Studies have indicated emergency contraception can be effective up to 5 days. Verify country program recommendations and modify wording if appropriate.

(2) The Standard Days Method (SDM) should be deleted in countries that do not have an SDM program. In these countries, SDM should also be deleted as a coding category in Qs. 307, 321, 327, 329, 726, and Column 1 of the calendar.

(3) 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. 307, 321, 327, 329, 726, and Column 1 of the calendar.

(4) Can be deleted in countries with very low sterilization coverage.

(5) Other commonly used methods may be added to the list, such as contraceptive patch, contraceptive vaginal ring, or sponge. Any codes added in Q. 307 must also be added to Qs. 321, 327, 329, 726, and Column 1 of the calendar. These methods should not be added to Q. 301.

(6) Adapt if needed to the local name for Sayana Press. Questions on Sayana Press should be deleted if the country does not have a Sayana Press program.

(7) Coding categories to be developed locally; however, the broad categories must be maintained.

(8) If the survey will be conducted using paper questionnaires, delete 316-317I under CAPI OPTION. If the survey will be conducted using CAPI, delete 316-317 under PAPER OPTION.

(9) Year of fieldwork is assumed to be 2022. For fieldwork beginning in 2023, all references to calendar years should be increased by one; for example, 2016 should be changed to 2017, 2017 should be changed to 2018, 2018 should be changed to 2019, and similarly for all years throughout the questionnaire.

(10) In countries without national fieldworker programs that include family planning, Qs. 332 and 333 should be deleted.

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
409	Did you want to have a baby later on, or not at all?	LATER . . . . 1 NOT AT ALL 2	→ 411
410	How much longer did you want to wait?	MONTHS . . . . 1 YEARS . . . . 2 DON'T KNOW 998	
411	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH . . . . 1 PRIOR LIVE BIRTH . . . . 2 MOST RECENT STILLBIRTH . . . . 3 PRIOR STILLBIRTH . . . . 4 ABORTION/MISCARRIAGE 5	 → 434 → 434 → 475
412	Did you see anyone for antenatal care for this pregnancy?	YES . . . . 1 NO 2	→ 414
413	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH ☐ (SKIP TO 420) ← MOST RECENT ☐ STILLBIRTH		→ 426

414
(1)
	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 HEALTH WORKER/FIELD WORKE E
		
		OTHER _____ X
		               (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

415 (1)	Where did you receive antenatal care for this pregnancy?
	
	Anywhere else?
	
	PROBE TO IDENTIFY TYPE OF SOURCE.
	IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).
		HOME
		   HER HOME . . . . A
		   OTHER HOME . . . . B
		
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL C
		   GOVERNMENT HEALTH CENTER . . . . D
		   GOVERNMENT HEALTH POST . . . . E
		   OTHER PUBLIC SECTOR F
		   _____
		                (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL . . . . G
		   PRIVATE CLINIC . . . . H
		   OTHER PRIVATE MEDICAL SECTOR I
		   _____
		                (SPECIFY)
		
		NGO MEDICAL SECTOR
		   NGO HOSPITAL . . . . J
		   NGO CLINIC . . . . K
		   OTHER NGO MEDICAL SECTOR L
		   _____
		                (SPECIFY)
		
		OTHER _____ X
		                (SPECIFY)	

416	How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?	WEEKS . . . . 1 ☐☐ MONTHS . . . . 2 DON'T KNOW 998	
417	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . . . . ☐☐ DON'T KNOW 98	
418	As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following: a) Measure your blood pressure? b) Take a urine sample? c) Take a blood sample? d) Listen to the baby's heartbeat? e) Talk with you about which foods or how much food you should eat? f) Talk with you about breastfeeding? g) Ask you if you had vaginal bleeding?	YES NO DK a) BP . . . . 1 2 8 b) URINE . . . . 1 2 8 c) BLOOD . . . . 1 2 8 d) HEARTBEAT . . . . 1 2 8 e) FOODS . . . . 1 2 8 f) BREASTFEED . . . . 1 2 8 g) BLEEDING 1 2 8	

419	CHECK 405: PREGNANCY OUTCOME TYPE
	
	     MOST RECENT ☐ MOST RECENT ☐
	        LIVE BIRTH ↓ STILLBIRTH
			→ 426

420 (2)	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus after birth?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 423

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
427 (1) (3)	Where did you get the iron tablets or syrup? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . A GOVERNMENT HEALTH CENTER . . . . B GOVERNMENT HEALTH POST . . . . C MOBILE CLINIC . . . . D COMMUNITY HEALTH WORKER/FIELD WORKE E OTHER PUBLIC SECTOR . . . . F _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . G PRIVATE CLINIC . . . . H PHARMACY . . . . I PRIVATE DOCTOR . . . . J MOBILE CLINIC . . . . K COMMUNITY HEALTH WORKER/FIELD WORKE L OTHER PRIVATE MEDICAL SECTOR M _____ (SPECIFY) **NGO MEDICAL SECTOR** NGO HOSPITAL . . . . N NGO CLINIC . . . . O OTHER NGO MEDICAL SECTOR P _____ (SPECIFY) **OTHER SOURCE** SHOP . . . . Q MARKET . . . . R [MASS DISTRIBUTION CAMPAIGN] . . . . . S OTHER _____ X (SPECIFY)	
428 (3) (4)	During the whole pregnancy, for how many days did you take the iron tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . . . . [ ][ ][ ] DON'T KNOW 998	
429 (5)	During this pregnancy, did you take any medicine for intestinal worms?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
430 (6)	During this pregnancy, did you receive food or cash assistance through the [INSERT NAME OF PROGRAM FOR CASH OR FOOD ASSISTANCE FOR PREGNANT WOMEN] program?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
431 (7) (8)	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 434
432 (7)(8)	How many times did you take SP/Fansidar during this pregnancy?	TIMES . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
433 (7) (8)	Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source? IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.	ANTENATAL VISIT . . . . 1 ANOTHER FACILITY VISIT . . . . 2 OTHER SOURCE 6	

434
(1)
	CHECK 405:
	
	PREGNANCY TYPE ⌐
	1 OR 2 ↓
	
	PREGNANCY TYPE ⌐
	3 OR 4 ↓
	
	a) Who assisted with the delivery of (NAME IN 407)?
	
	Anyone else?
	
	PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.
	
	b) Who assisted with the delivery of the stillbirth you had in (DATE FROM 406)?
	
	Anyone else?
	
	PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE
		HEALTH PERSONNEL
		   DOCTOR . . . . A
		   NURSE/MIDWIFE . . . . B
		   AUXILIARY MIDWIFE C
		OTHER PERSON
		   TRADITIONAL BIRTH ATTENDANT . . . . D
		   RELATIVE/FRIEND . . . . E
		
		OTHER _____ X
		             (SPECIFY)
		
		NO ONE ASSISTED . . . . Y	

435
(1)
	CHECK 405:
	
	PREGNANCY TYPE ⌐
	1 OR 2 ↓
	
	PREGNANCY TYPE ⌐
	3 OR 4 ↓
	
	a) Where did you give birth to (NAME IN 407)?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.
	
	b) Where did you deliver this stillbirth?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.
		HOME
		   HER HOME 11
		   OTHER HOME 12
		
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL 21
		   GOVERNMENT HEALTH CENTER 22
		   GOVERNMENT HEALTH POST 23
		   OTHER PUBLIC SECTOR 26
		   _____
		             (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL 31
		   PRIVATE CLINIC 32
		   OTHER PRIVATE MEDICAL SECTOR 36
		   _____
		             (SPECIFY)
		
		NGO MEDICAL SECTOR
		   NGO HOSPITAL 41
		   NGO CLINIC 42
		   OTHER NGO MEDICAL SECTOR 46
		   _____
		             (SPECIFY)
		
		OTHER _____ 96
		             (SPECIFY)
			⌐→ 437
			
			→ 437

436	CHECK 405: PREGNANCY TYPE ⌐ 1 OR 2 ↓ PREGNANCY TYPE ⌐ 3 OR 4 ↓ a) Was (NAME IN 407) delivered by caesarean, that is, did they cut your belly open to take the baby out? b) Was this stillbirth delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH . . . . 1 PRIOR LIVE BIRTH . . . . 2 MOST RECENT STILLBIRTH . . . . 3 PRIOR STILLBIRTH 4	→ 441 → 445 → 487
438	After the birth, was (NAME IN 407) put on your chest?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 441
439	Was (NAME IN 407)'s bare skin touching your bare skin?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 441
440	How long after birth was (NAME IN 407) put on the bare skin of your chest? PROBE FOR A NUMERIC RESPONSE. IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF 24 HOURS OR MORE, RECORD 24.	IMMEDIATELY . . . . 00 HOURS . . . . [ ][ ]	
441	When (NAME IN 407) was born, was (NAME IN 407) very large, larger than average, average, smaller than average, or very small?	VERY LARGE . . . . 1 LARGER THAN AVERAGE . . . . 2 AVERAGE . . . . 3 SMALLER THAN AVERAGE . . . . 4 VERY SMALL . . . . 5 DON'T KNOW 8	
442	Was (NAME IN 407) weighed at birth?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 444
443	How much did (NAME IN 407) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 [ ] . [ ][ ] KG FROM RECALL 2 [ ] . [ ][ ] DON'T KNOW 99998	
444	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT [ ] PRIOR LIVE BIRTH [ ] LIVE BIRTH ↓		→ 480
445	CHECK 435: PLACE OF DELIVERY FACILITY BIRTH: ANY CODE [ ] CODE 21 THROUGH 46 CIRCLED ↓ 11, 12, OR 96 [ ] CIRCLED		→ 464

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

447	CHECK 405:
	
	PREGNANCY TYPE ☐ PREGNANCY TYPE ☐
	         1 3
	
	a) How long after (NAME b) For the stillbirth you had
	    IN 407) was delivered in (DATE FROM 406),
	    did you stay in the how long after the baby
	    (FACILITY IN 435)? was born did you stay in
	                             the (FACILITY IN 435)?
	
	IF LESS THAN ONE DAY, RECORD HOURS;
	IF LESS THAN ONE WEEK, RECORD DAYS.
		HOURS 1
		
		DAYS 2
		
		WEEKS 3
		
		DON'T KNOW 998	

448	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Before you left the facility, did anyone check on your health?	YES . . . . 1 NO 2	→ 451
449	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 DAYS . . . . 2 WEEKS . . . . 3 DON'T KNOW 998	

450
(1)
	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		    DOCTOR 11
		    NURSE/MIDWIFE 12
		    AUXILIARY MIDWIFE 13
		OTHER PERSON
		    TRADITIONAL BIRTH ATTENDANT 21
		    COMMUNITY HEALTH WORKER/FIELD WORKE 22
		
		OTHER _____ 96
		                 (SPECIFY)	

451	CHECK 405: PREGNANCY OUTCOME TYPE
	
	          MOST RECENT ☐ MOST RECENT ☐
	            LIVE BIRTH STILLBIRTH
			→ 455

452	Now I would like to talk to you about checks on (NAME IN 407)'s health -- for example, someone examining (NAME IN 407), checking the cord, or talking to you about how to care for (NAME IN 407). Before (NAME IN 407) left the facility, did anyone check on (NAME IN 407)'s health?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 455
453	How long after delivery was (NAME IN 407)'s health first checked? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . 1 DAYS . . . . 2 WEEKS . . . . 3 DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
454 (1)	Who checked on (NAME IN 407)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . 11 NURSE/MIDWIFE . . . . 12 AUXILIARY MIDWIFE . . . . 13 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . 21 COMMUNITY HEALTH WORKER/FIELD WORKE 22 OTHER _____ 96 (SPECIFY)	
455	Now I would like to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES . . . . 1 NO 2	→ 459
456	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . 1 DAYS . . . . 2 WEEKS . . . . 3 DON'T KNOW 998	
457 (1)	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . 11 NURSE/MIDWIFE . . . . 12 AUXILIARY MIDWIFE . . . . 13 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . 21 COMMUNITY HEALTH WORKER/FIELD WORKE 22 OTHER _____ 96 (SPECIFY)	
458 (1)	Where did the check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**HOME** HER HOME . . . . 11 OTHER HOME . . . . 12 **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . 21 GOVERNMENT HEALTH CENTER . . . . 22 GOVERNMENT HEALTH POST . . . . 23 OTHER PUBLIC SECTOR 26 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . 31 PRIVATE CLINIC . . . . 32 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) **NGO MEDICAL SECTOR** NGO HOSPITAL . . . . 41 NGO CLINIC . . . . 42 OTHER NGO MEDICAL SECTOR 46 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
459	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT ☐ LIVE BIRTH	MOST RECENT ☐ STILLBIRTH	→ 474
460	After (NAME IN 407) left the (FACILITY IN 435) did any health care provider or a traditional birth attendant check on (NAME IN 407)'s health?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 473
461	How long after the birth of (NAME IN 407) did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS .... 1 DAYS .... 2 WEEKS .... 3 DON'T KNOW 998	

462
(1)
	Who checked on (NAME IN 407)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		    DOCTOR 11
		    NURSE/MIDWIFE 12
		    AUXILIARY MIDWIFE 13
		OTHER PERSON
		    TRADITIONAL BIRTH ATTENDANT 21
		    COMMUNITY HEALTH WORKER/FIELD WORKE 22
		
		OTHER _____ 96
		                (SPECIFY)	

463
(1)
	Where did this check of (NAME IN 407) take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.
		HOME
		    HER HOME 11
		    OTHER HOME 12
		
		PUBLIC SECTOR
		    GOVERNMENT HOSPITAL 21
		    GOVERNMENT HEALTH CENTER 22
		    GOVERNMENT HEALTH POST 23
		    OTHER PUBLIC SECTOR 26
		
		    _____
		                (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL 31
		    PRIVATE CLINIC 32
		    OTHER PRIVATE MEDICAL SECTOR 36
		
		    _____
		                (SPECIFY)
		
		NGO MEDICAL SECTOR
		    NGO HOSPITAL 41
		    NGO CLINIC 42
		    OTHER NGO MEDICAL SECTOR 46
		
		    _____
		                (SPECIFY)
		
		OTHER _____ 96
		                (SPECIFY)
			→ 473

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
464	CHECK 405: PREGNANCY TYPE ☐ 1 PREGNANCY TYPE ☐ 3 a) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME IN 407)? b) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you delivered the stillbirth you had in (DATE FROM 406)?	YES .... 1 NO 2	→ 468
465	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 ☐☐ DAYS .... 2 ☐☐ WEEKS .... 3 ☐☐ DON'T KNOW 998	

466
(1)
	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		   DOCTOR 11
		   NURSE/MIDWIFE 12
		   AUXILIARY MIDWIFE 13
		OTHER PERSON
		   TRADITIONAL BIRTH ATTENDANT 21
		   COMMUNITY HEALTH WORKER/FIELD WORKE 22
		
		OTHER _____ 96
		      (SPECIFY)	

467
(1)
	Where did this first check take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.
		HOME
		   HER HOME 11
		   OTHER HOME 12
		
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL 21
		   GOVERNMENT HEALTH CENTER 22
		   GOVERNMENT HEALTH POST 23
		   OTHER PUBLIC SECTOR 26
		   _____
		     (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL 31
		   PRIVATE CLINIC 32
		   OTHER PRIVATE MEDICAL SECTOR 36
		   _____
		     (SPECIFY)
		
		NGO MEDICAL SECTOR
		   NGO HOSPITAL 41
		   NGO CLINIC 42
		   OTHER NGO MEDICAL SECTOR 46
		   _____
		     (SPECIFY)
		
		OTHER _____ 96
		      (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
468	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT ☐ MOST RECENT ☐ LIVE BIRTH ↓ STILLBIRTH		→ 474
469	I would like to talk to you about checks on (NAME IN 407)'s health -- for example, someone examining (NAME IN 407), checking the cord, or talking to you about how to care for (NAME IN 407). After (NAME IN 407) was born, did any health care provider or a traditional birth attendant check on (NAME IN 407)'s health?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 473
470	How long after the birth of (NAME IN 407) did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS .... 1 ☐☐ DAYS .... 2 ☐☐ WEEKS .... 3 ☐☐ DON'T KNOW 998	

471
(1)
	Who checked on (NAME IN 407)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		   DOCTOR 11
		   NURSE/MIDWIFE 12
		   AUXILIARY MIDWIFE 13
		OTHER PERSON
		   TRADITIONAL BIRTH ATTENDANT 21
		   COMMUNITY HEALTH WORKER/FIELD WORKE 22
		
		OTHER _____ 96
		        (SPECIFY)	

472
(1)
	Where did this first check of (NAME IN 407) take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.
		HOME
		   HER HOME 11
		   OTHER HOME 12
		
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL 21
		   GOVERNMENT HEALTH CENTER 22
		   GOVERNMENT HEALTH POST 23
		   OTHER PUBLIC SECTOR 26
		      _____
		        (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL 31
		   PRIVATE CLINIC 32
		   OTHER PRIVATE MEDICAL SECTOR 36
		      _____
		        (SPECIFY)
		
		NGO MEDICAL SECTOR
		   NGO HOSPITAL 41
		   NGO CLINIC 42
		   OTHER NGO MEDICAL SECTOR 46
		      _____
		        (SPECIFY)
		
		OTHER _____ 96
		        (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
473	During the first 2 days after (NAME IN 407)'s birth, did any health care provider do the following: a) Examine the cord? b) Measure (NAME IN 407)'s temperature? c) Tell you how to recognize if your baby needs immediate medical attention? d) Talk with you about breastfeeding? e) Observe (NAME IN 407) breastfeeding to see if you are doing it correctly?	YES NO DK a) CORD .... 1 2 8 b) TEMPERATURE .... 1 2 8 c) MEDICAL ATTENTION .... 1 2 8 d) TALK ABOUT BREASTFEEDING 1 2 8 e) OBSERVE BREASTFEEDING .. 1 2 8	
474	During the first 2 days after the birth, did any healthcare provider do the following to you: a) Measure your blood pressure? b) Discuss your vaginal bleeding with you? c) Discuss family planning with you?	YES NO DK a) BLOOD PRESSURE .... 1 2 8 b) BLEEDING .... 1 2 8 c) FAMILY PLANNING 1 2 8	
475	CHECK 215: IS THIS PREGNANCY THE WOMAN'S LAST PREGNANCY? YES ☐ NO ☐		→ 479
476	CHECK 405: PREGNANCY ☐ PREGNANCY ☐ TYPE 1 TYPE 3 OR 5 a) Has your menstrual period returned since the birth of (NAME IN 407)? b) Has your menstrual period returned since the pregnancy that ended in (DATE FROM 406)?	YES .... 1 NO 2	
477	CHECK 232: IS RESPONDENT PREGNANT? NOT PREGNANT ☐ PREGNANT ☐ OR UNSURE		→ 479
478	CHECK 405: PREGNANCY ☐ PREGNANCY ☐ TYPE 1 TYPE 3 OR 5 a) Have you had sexual intercourse since the birth of (NAME IN 407)? b) Have you had sexual intercourse since the pregnancy that ended in (DATE FROM 406)?	YES .... 1 NO 2	
479	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH .... 1 MOST RECENT STILLBIRTH .... 3 MISCARRIAGE/ABORTION 5	→ 487
480	Did you ever breastfeed (NAME IN 407)?	YES .... 1 NO 2	→ 482
481	CHECK 224 FOR CHILD:	LIVING ☐ DEAD ☐	→ 486 → 487
482	How long after birth did you first put (NAME IN 407) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY .... 000 HOURS .... 1 ☐☐ DAYS .... 2 ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
483	In the first 2 days after delivery, was (NAME IN 407) given anything other than breast milk to eat or drink – anything at all like water, infant formula, or [INSERT COMMON DRINKS AND FOODS THAT MAY BE GIVEN TO NEWBORN INFANTS]?	YES . . . . 1 NO 2	
484	CHECK 224 FOR CHILD: LIVING ☐ DEAD ☐		→ 487
485	Are you still breastfeeding (NAME IN 407)?	YES . . . . 1 NO 2	
486	Did (NAME IN 407) drink anything from a bottle with a nipple yesterday during the day or at night?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
487	CHECK 402: ANY MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY? MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY ☐ NO MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY ☐ (GO TO 404 FOR THE NEXT PREGNANCY OUTCOME)		→ 501

(1) Coding categories to be developed locally; however, the broad categories must be maintained.

(2) Vaccination practices may vary; this question should specify where the injection is given, e.g. arm or shoulder.

(3) This question must capture all types of iron-containing supplements, including, for example, multiple micronutrient supplements in countries where these types of iron-containing supplements are available. Adapt the question wording to reflect all types of iron-containing supplements available in the country.

(4) In countries where it is important to know the number of iron tablets taken per day, an appropriate question may be added.

(5) The question should be deleted in surveys in countries where there is no program for deworming.

(6) The question should be deleted in surveys in countries where there is no program. Adapt the question to include the local name(s) of formal food or cash programs. It may be necessary to revise or add additional questions depending on country needs. See the DHS Questionnaire Adaptation Guide for information on how to adapt.

(7) The question should be deleted in surveys in countries where there is no program for intermittent preventive treatment against malaria during pregnancy.

(8) Fansidar is a brand name for the malaria medicine SP. There are also many other brand names for SP. If Fansidar is not a commonly known brand in the country, change "Fansidar" to the most commonly known brand name for SP, like this "SP/[NEW BRAND NAME]". Or you can simply delete "/Fansidar" and leave "SP" on its own.

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . . . . . [ ][ ]	

509
(1) COPY VACCINATION DATES FROM THE CARD FOR (NAME).
RECORD '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.
RECORD '00' IN 'DAY' COLUMN IF CARD IS BLANK FOR THE DOSE.

		DAY	MONTH	YEAR
(2)	BCG			
	HEPATITIS B AT BIRTH			
(3)	ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)			
	ORAL POLIO VACCINE (OPV) 1			
	ORAL POLIO VACCINE (OPV) 2			
	ORAL POLIO VACCINE (OPV) 3			
(4)	INACTIVATED POLIO VACCINE (IPV)			
(5)	DPT-HEP.B-HIB (PENTAVALENT) 1			
(5)	DPT-HEP.B-HIB (PENTAVALENT) 2			
(5)	DPT-HEP.B-HIB (PENTAVALENT) 3			
(5)	DPT-HEP.B-HIB (PENTAVALENT) 4			
	PNEUMOCOCCAL 1			
	PNEUMOCOCCAL 2			
(6)	PNEUMOCOCCAL 3			
	ROTAVIRUS 1			
	ROTAVIRUS 2			
(6)	ROTAVIRUS 3			
(7)	[MEASLES CONTAINING VACCINE] 1			
(7) (8)	[MEASLES CONTAINING VACCINE] 2			
	VITAMIN A (MOST RECENT)			

| 510 | ASK THE RESPONDENT FOR PERMISSION TO PHOTOGRAPH VACCINATION CARD OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN. IF PERMISSION IS GRANTED, PHOTOGRAPH CARD. | PHOTOGRAPH TAKEN 1
PHOTOGRAPH NOT TAKEN,
    PERMISSION NOT RECEIVED 2
PHOTOGRAPH NOT TAKEN, OTHER REASON . . 6
_____
(SPECIFY) | |

| 511
(9) | CHECK 509: 'BCG' TO '[MEASLES CONTAINING VACCINE] 2' ALL HAVE A DATE RECORDED OR '44' RECORDED IN THE 'DAY' COLUMN?
NO [ ]   YES [ ] | | → 529 |

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . . . . . ☐☐	
512 (10)	In addition to what is recorded on (this document/these documents), did (NAME IN 503) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 509 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES . . . . 1 (USE THE LIST SHOWN IN CAPI TO SELECT THE OTHER VACCINATIONS GIVEN. NOTE THAT CAPI WILL CHANGE THE ANSWER IN 509 IN THE 'DAY' COLUMN FROM '00' TO '66' FOR THE SELECTED VACCINATIONS.) (THEN SKIP TO 529) NO . . . . 2 DON'T KNOW 8	
512A	CHECK 509: ANY VACCINATIONS RECORDED ON THE CARD? YES ☐ NO ☐ SKIP TO 529 ◄		→ 530
513 (10)	Did (NAME IN 503) ever receive any vaccinations to prevent (NAME IN 503) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 530
514	Has (NAME IN 503) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
515	At or soon after birth, did (NAME IN 503) receive a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 517
516	Did (NAME IN 503) receive it within 24 hours of birth?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
517	Has (NAME IN 503) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 521
518 (3)	Did (NAME IN 503) receive the first oral polio vaccine in the first 2 weeks after birth or later?	FIRST TWO WEEKS . . . . 1 LATER 2	
519	How many times did (NAME IN 503) receive the oral polio vaccine?	NUMBER OF TIMES . . . . ☐	
520 (4)	The last time (NAME IN 503) received the polio drops, did (NAME IN 503) also get an IPV injection in the arm to protect against polio?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
521 (5) (11)	Has (NAME IN 503) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 523
522 (5)	How many times did (NAME IN 503) receive the pentavalent vaccine?	NUMBER OF TIMES . . . . ☐	
523 (11)	Has (NAME IN 503) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 525

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . . . . . ☐☐	
524	How many times did (NAME IN 503) receive the pneumococcal vaccine?	NUMBER OF TIMES . . . . ☐	
525	Has (NAME IN 503) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 527
526	How many times did (NAME IN 503) receive the rotavirus vaccine?	NUMBER OF TIMES . . . . ☐	
527 (7)	Has (NAME IN 503) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 529
528 (7) (12)	How many times did (NAME IN 503) receive the measles vaccine?	NUMBER OF TIMES . . . . ☐	
528A	IF VACCINES HAVE BEEN ADDED IN 509, ADD COUNTRY-SPECIFIC QUESTIONS FOR EACH ADDITIONAL VACCINE HERE.		

529
(13)
	Where did (NAME IN 503) receive most of his/her vaccinations?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.
		PUBLIC SECTOR
		    GOVERNMENT HOSPITAL 11
		    GOVERNMENT HEALTH CENTER 12
		    GOVERNMENT HEALTH POST 13
		    MOBILE CLINIC 14
		    COMMUNITY HEALTH WORKER/FIELD WORKE 15
		    OTHER PUBLIC SECTOR _____ 16
		                 (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL 21
		    PRIVATE CLINIC 22
		    PHARMACY 23
		    PRIVATE DOCTOR 24
		    MOBILE CLINIC 25
		    COMMUNITY HEALTH WORKER/FIELD WORKE 26
		    OTHER PRIVATE MEDICAL SECTOR
		    _____ 27
		                 (SPECIFY)
		
		NGO MEDICAL SECTOR
		    NGO HOSPITAL 31
		    NGO CLINIC 32
		    OTHER NGO MEDICAL SECTOR
		    _____ 36
		                 (SPECIFY)
		
		OTHER SOURCE
		    [VACCINATION CAMPAIGN] 41
		
		OTHER _____ 96
		                 (SPECIFY)	

530	CHECK 220 AND 224 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY?
	
	MORE SURVIVING CHILDREN ☐ NO MORE SURVIVING ☐
	    BORN 0-35 MONTHS CHILDREN BORN 0-35
	    BEFORE THE SURVEY MONTHS BEFORE THE
	                               SURVEY
	    (GO TO 503 FOR THE NEXT
	         SURVIVING CHILD)
		→ 601

SECTION 5. FOOTNOTES

(1) Replace the word 'card' with the term used locally to refer to the official vaccination record for the child, such as 'mother and child booklet'.

(2) The questionnaire should look like the vaccination card in the country. Obtain current or recent vaccination cards from the national immunization program. Add yellow fever, rubella, or any other vaccine recommended in the country for children under age 3. Delete any of these vaccinations that are not included in the country's vaccination schedule. Consult with the EPI program in the country to verify the questionnaire reflects the correct vaccination card.

(3) Delete in countries where polio 0 (polio at birth) is not part of the vaccination schedule.

(4) Delete in countries where IPV is not part of the vaccination schedule.

(5) Adapt question locally to follow national vaccination schedule. If DPT, Hep. B and Hib are given separately, provide separate entries for the recommended number of doses of each.

(6) If vaccination schedule only uses two doses of vaccine, remove 3rd entry.

(7) Adapt question locally to use the name of the measles containing vaccination (MCV) used in the country: measles, MMR, or MR.

(8) If vaccination schedule only uses one dose of vaccine, remove 2nd entry.

(9) Filter should reflect the vaccination list on the card (excluding vitamin A, which is not a vaccination).

(10) Change the wording of this question to match the names used for supplemental immunization activities in the country.

(11) Adapt question locally after determining the most common injection site. For example, pentavalent may be given in the left outer thigh, and pneumococcal in the right outer thigh.

(12) Delete this question in countries where the vaccination schedule includes only one dose of measles containing vaccination.

(13) Coding categories to be developed locally; however, the broad categories must be maintained. Insert name(s) of recent vaccination campaigns, or remove response option 41 if the country does not conduct vaccination campaigns.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 220, 224, AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY ☐ NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY ☐		→ 643
602	Now I would like to ask some questions about the health of your children born in the last 5 years. We will talk about each separately, starting with the youngest.		
603	RECORD THE NAME FROM 218 AND PREGNANCY HISTORY NUMBER FROM 215 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____	PREGNANCY HISTORY NUMBER . . ☐☐	

604
(1)
	In the last 12 months, was (NAME IN 603) given any of the following:
	
	a) Iron tablets or syrup?
	
	    SHOW COMMON TYPES OF TABLETS/SYRUPS.
	
	b) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDERS]?
	
	    SHOW MULTIPLE MICRONUTRIENT POWDERS.
		YES NO DK
		
		a) TABLETS/SYRUP 1 2 8
		
		b) [MULTIPLE MICRONUTRIENT POWDERS] 1 2 8	

605	In the last 6 months, was (NAME IN 603) given a vitamin A dose like [this/any of these]? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES .... 1 NO .... 2 DON'T KNOW 8	
606 (2)	In the last 6 months, was (NAME IN 603) given any medicine for intestinal worms?	YES .... 1 NO .... 2 DON'T KNOW 8	
607 (3)	In the last 3 months, has any healthcare provider or community health worker measured: a) (NAME IN 603)'s weight? b) (NAME IN 603)'s length or height? c) Around (NAME IN 603)'s upper arm? SHOW IMAGE OF MUAC TAPE.	YES NO DK a) WEIGHT .... 1 2 8 b) LENGTH/HEIGHT .... 1 2 8 c) UPPER ARM 1 2 8	
608 (4)	Has (NAME IN 603) had diarrhea in the last 2 weeks?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 618

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . . . . . ☐☐	
609	CHECK 485: CURRENTLY BREASTFEEDING? YES ☐ NO/ NOT ☐ ASKED a) Now I would like to know how much (NAME IN 603) was given to drink during the diarrhea, including breast milk. Was (NAME IN 603) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME IN 603) given much less than usual to drink or somewhat less? b) Now I would like to know how much (NAME IN 603) was given to drink during the diarrhea. Was (NAME IN 603) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME IN 603) 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	
610	When (NAME IN 603) had diarrhea, was (NAME IN 603) given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was (NAME IN 603) 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	
611	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . 1 NO 2	→ 615

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . . . . . ☐☐	

612 (5)	Where did you seek advice or treatment?
	
	Anywhere else?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL . . . . A
		  GOVERNMENT HEALTH CENTER . . . . B
		  GOVERNMENT HEALTH POST C
		  MOBILE CLINIC . . . . D
		  COMMUNITY HEALTH WORKER/FIELD WORKE E
		  OTHER PUBLIC SECTOR
		  _____ F
		  (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL . . . . G
		  PRIVATE CLINIC . . . . H
		  PHARMACY I
		  PRIVATE DOCTOR . . . . J
		  MOBILE CLINIC . . . . K
		  COMMUNITY HEALTH WORKER/FIELD WORKE L
		  OTHER PRIVATE MEDICAL SECTOR
		  _____ M
		  (SPECIFY)
		
		NGO MEDICAL SECTOR
		  NGO HOSPITAL . . . . N
		  NGO CLINIC . . . . O
		  OTHER NGO MEDICAL SECTOR
		  _____ P
		  (SPECIFY)
		
		OTHER SOURCE
		  SHOP . . . . Q
		  TRADITIONAL PRACTITIONER . . . . R
		  MARKET . . . . S
		  ITINERANT DRUG SELLER . . . . T
		
		OTHER _____ X
		  (SPECIFY)	

613	CHECK 612:
	
	     TWO OR MORE ☐
	     CODES
	     CIRCLED ↓ ONLY ONE ☐
	                    CODE CIRCLED → 615		

614	Where did you first seek advice or treatment? USE LETTER CODE FROM 612.	FIRST PLACE . . . . ☐	
615 (6) (7)	Was (NAME IN 603) given any of the following at any time since (NAME IN 603) started having the diarrhea: a) A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]? b) [LOCAL NAMES FOR PRE-PACKAGED ORS LIQUIDS] or other pre-packaged ORS liquid? c) Zinc tablets or syrup? d) [A GOVERNMENT-RECOMMENDED HOMEMADE FLUID]?	YES NO DK a) FLUID FROM ORS PACKET . . 1 2 8 b) ORS LIQUID . . . . 1 2 8 c) ZINC . . . . 1 2 8 d) HOMEMADE FLUID 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . . . . . ☐☐	

616	CHECK 615:
	
	ANY 'YES' ☐ ALL 'NO' ☐
	       ↓ OR 'DK' ↓
	a) Was anything else given b) Was anything given to
	   to treat the diarrhea? treat the diarrhea?
		YES 1
		NO 2
		DON'T KNOW 8
			→618

617	CHECK 615:
	
	ANY 'YES' ☐ ALL 'NO' ☐
	      ↓ OR 'DK' ↓
	a) What else was given to b) What was given to treat
	   treat the diarrhea? the diarrhea?
	
	   Anything else? Anything else?
	
	   RECORD ALL RECORD ALL
	   TREATMENTS GIVEN. TREATMENTS GIVEN.
		PILL OR SYRUP
		   ANTIBIOTIC . . . . A
		   ANTIMOTILITY . . . . B
		   OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C
		   UNKNOWN PILL OR SYRUP . . . . D
		
		INJECTION
		   ANTIBIOTIC . . . . E
		   NON-ANTIBIOTIC . . . . F
		   UNKNOWN INJECTION . . . . G
		
		(IV) INTRAVENOUS . . . . H
		
		HOME REMEDY/HERBAL MEDICINE I
		
		OTHER _____ X
		                (SPECIFY)	

618	Has (NAME IN 603) been ill with a fever at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→621
619 (8)	At any time during the illness, did (NAME IN 603) have blood taken from (NAME IN 603)'s finger or heel for testing?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
620 (8)	Were you told by a healthcare provider that (NAME IN 603) had malaria?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
621	Has (NAME IN 603) had an illness with a cough at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
622	Has (NAME IN 603) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→624
623	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	→625

624	CHECK 618: HAD FEVER?
	
	               YES ☐ NO OR ☐
	                 ↓ DON'T KNOW
			→634

625	Did you seek advice or treatment for the illness from any source?	YES . . . . 1 NO 2	→630

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . . . . . ☐☐	

626 (5)	Where did you seek advice or treatment?
	
	Anywhere else?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR
	NGO SECTOR, RECORD 'X' AND WRITE THE NAME
	OF THE PLACE(S).
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL . . . . A
		   GOVERNMENT HEALTH CENTER . . . . B
		   GOVERNMENT HEALTH POST C
		   MOBILE CLINIC . . . . D
		   COMMUNITY HEALTH WORKER/FIELD WORKE E
		   OTHER PUBLIC SECTOR F
		           SECTOR _____
		                              (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL . . . . G
		   PRIVATE CLINIC . . . . H
		   PHARMACY I
		   PRIVATE DOCTOR . . . . J
		   MOBILE CLINIC . . . . K
		   COMMUNITY HEALTH WORKER/FIELD WORKE L
		   OTHER PRIVATE MEDICAL SECTOR M
		           _____
		                              (SPECIFY)
		
		NGO MEDICAL SECTOR
		   NGO HOSPITAL . . . . N
		   NGO CLINIC . . . . O
		   OTHER NGO MEDICAL SECTOR P
		           _____
		                              (SPECIFY)
		
		OTHER SOURCE
		   SHOP . . . . Q
		   TRADITIONAL PRACTITIONER . . . . R
		   MARKET . . . . S
		   ITINERANT DRUG SELLER . . . . T
		
		OTHER _____ X
		                      (SPECIFY)	

627	CHECK 626:
	
	          TWO OR MORE ☐
	          CODES
	          CIRCLED ↓ ONLY ONE ☐
	                                       CODE CIRCLED
			→ 629

628	Where did you first seek advice or treatment? USE LETTER CODE FROM 626.	FIRST PLACE . . . . ☐	
629	How many days after the illness began did you first seek advice or treatment for (NAME IN 603)? IF SAME DAY, RECORD '00'.	DAYS . . . . ☐☐	
630	At any time during the illness, did (NAME IN 603) take any medicine for the illness?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 634

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . . . . . [ ][ ]	

631
(9)
	What medicine did (NAME IN 603) take?
	
	Any other medicine?
	
	RECORD ALL MENTIONED.
	IF MEDICINE NOT KNOWN, ASK TO SEE THE
	PACKAGE OR PRESCRIPTION
		ANTIMALARIAL MEDICINE
		 ARTEMISININ COMBINATION THERAPY (ACT) A
		 SP/FANSIDAR . . . . B
		 CHLOROQUINE C
		 AMODIAQUINE . . . . D
		 QUININE
		   PILLS . . . . E
		   INJECTION/IV . . . . F
		 ARTESUNATE
		   RECTAL . . . . G
		   INJECTION/IV . . . . H
		
		 OTHER ANTIMALARIAL I
		
		 _____ (SPECIFY)
		
		ANTIBIOTIC MEDICINE
		 AMOXICILLIN . . . . J
		 COTRIMOXAZOLE . . . . K
		 OTHER PILL/SYRUP L
		 OTHER INJECTION/IV . . . . M
		
		OTHER MEDICINE
		 ASPIRIN . . . . N
		 PARACETAMOL/PANADOL/ACETAMINOPHEN O
		 IBUPROFEN . . . . P
		
		 OTHER _____ X
		   (SPECIFY)
		
		 DON'T KNOW . . . . Z	

632
(8)
	CHECK 631: ARTEMISININ COMBINATION THERAPY ('A') GIVEN
	
	   CODE 'A' [ ] CODE 'A' [ ]
	   CIRCLED NOT
	   ↓ CIRCLED
			→ 634

633 (8)	How long after the fever started did (NAME IN 603) first take an artemisinin combination therapy?	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER FEVER . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . 3 DON'T KNOW 8	

634	CHECK 220, 224, AND 225 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?
	
	   MORE SURVIVING CHILDREN NO MORE SURVIVING [ ]
	   BORN 0-59 MONTHS BEFORE [ ] CHILDREN BORN
	   THE SURVEY 0-59 MONTHS BEFORE
	       THE SURVEY
	   (GO TO 603 FOR THE NEXT
	   SURVIVING CHILD)
			→ 635

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
635	CHECK 220, 225 AND 226, ALL ROWS: NUMBER OF CHILDREN BORN 0-23 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ _____ (NAME OF YOUNGEST CHILD LIVING WITH HER)		→ 643

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
636 (10)	Now I would like to ask you about liquids that (NAME IN 635) had yesterday during the day or at night. Please tell me about all drinks, whether (NAME IN 635) had them at home, or somewhere else. Yesterday during the day or at night, did (NAME IN 635) drink:	YES	NO	DK	
	a) Plain water?	a) 1	2	8	
	b) Infant formula such as [INSERT POPULAR FORMULA NAMES]? IF YES: b1) How many times did (NAME IN 635) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	b) . . . . 1 NUMBER OF TIMES ☐ DRANK FORMULA	2	8 8	
	c) Milk from animals, including fresh, packaged, or powdered milk [,such as INSERT LOCAL NAMES FOR POWDERED MILK, AND INSERT OTHER TYPES OF ANIMAL MILK-BASED LIQUIDS]? IF YES: c1) How many times did (NAME IN 635) drink milk? IF 7 OR MORE TIMES, RECORD '7'. c2) Was the milk a sweet or flavored type of milk?	c) . . . . 1 NUMBER OF TIMES ☐ DRANK MILK SWEET/ FLAVORED . . 1	2 2	8 8 8	
	e) [INSERT SOYMILK AND/OR NUTMILKS]? IF YES: e1) Was it a sweet or flavored type of drink?	e) . . . . 1 SWEET/ FLAVORED . . 1	2 2	8 8	
(11)	f) Chocolate flavored drinks [or INSERT THE NAMES OF OTHER NON-MILK-BASED FLAVORED DRINKS]?	f) 1	2	8	
	g) Fruit juice [or fruit-flavored drinks]?	g) 1	2	8	
	h) Sodas, malt drinks, sports drinks, or energy drinks?	h) 1	2	8	
	i) Tea, coffee, or herbal drinks? IF YES: i1) Was the drink sweetened?	i) . . . . 1 SWEETENED . . 1	2 2	8 8	
	j) Clear broth or clear soup?	j) 1	2	8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	k) Any other liquids? IF YES: k1) What was the drink?	k) . . . . 1 OTHER DRINK(S) _____	2 (SPECIFY)	8	
	MARK THE APPROPRIATE GROUP FOR EACH ADDITIONAL DRINK, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL DRINK BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO REGISTER THE NAME OF THE DRINK.				
	k2) Was the drink sweetened?	SWEETENED . . 1	2	8	
637 (10)	Now I would like to ask you about foods that (NAME IN 635) had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else. Please think about snacks and small meals as well as main meals. I will ask you about different foods, and I would like to know whether your child ate the food even if it was combined with other foods. Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish. Yesterday during the day or at night, did (NAME IN 635) have:				
		YES	NO	DK	
	a) [INSERT GENERAL TERM(S) OR SPECIFC NAME(S) OF YOGURT OR YOGURT DRINKS]?	a) 1	2	8	
	IF YES: a1) How many times did (NAME IN 635) have [INSERT GENERAL TERMS OR SPECIFIC NAMES OF COMMON TYPES OF YOGURT OR YOGURT DRINKS]? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE YOGURT [ ]		8	
	a2) Did (NAME IN 635) have any [INSERT GENERAL TERMS OR SPECIFIC NAMES OF COMMON TYPES OF YOGURT OR YOGURT DRINKS] [as a/to] drink?	HAD YOGURT AS A DRINK . . 1	2	8	
	IF YES: a3) Was it a sweet [or flavored] type of drink?	SWEETENED . . 1	2	8	
	b) Porridge, bread, rice, noodles, pasta, or [INSERT OTHER COMMONLY CONSUMED FOODS MADE FROM GRAINS, INCLUDING RICE DISHES, NOODLE DISHES ETC.]?	b) 1	2	8	
	c) Pumpkin, carrots, squash [, or sweet potatoes that are yellow or orange inside]?	c) 1	2	8	
	d) Plantains, white potatoes, white yams, manioc, cassava, or [INSERT OTHER COMMONLY CONSUMED STARCHY TUBERS OR TUBEROUS ROOTS THAT ARE WHITE OR PALE INSIDE]?	d) 1	2	8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	e) Any dark green, leafy vegetables, such as [INSERT UP TO 5 COMMONLY CONSUMED VITAMIN A-RICH DARK GREEN, LEAFY VEGETABLES], or other dark green, leafy vegetables?	e) 1	2	8	
	f) Any other vegetables, such as [INSERT UP TO 5 OTHER COMMONLY CONSUMED VEGETABLES], or other vegetables?	f) 1	2	8	
	g) Ripe mangoes or ripe papayas or [INSERT OTHER COMMONLY CONSUMED VITAMIN A-RICH FRUITS]?	g) 1	2	8	
	h) Any other fruits, such as [INSERT UP TO 5 COMMONLY CONSUMED FRUITS], or other fruits?	h) 1	2	8	
	i) Fresh or dried fish or shellfish?	i) 1	2	8	
	j) Liver, kidney, heart, or [INSERT OTHER COMMONLY CONSUMED ORGAN MEATS]?	j) 1	2	8	
	k) Sausages, hot dogs, frankfurters, ham, bacon, salami, canned meat, or [INSERT OTHER COMMONLY CONSUMED PROCESSED MEATS]?	k) 1	2	8	
	l) Any other meat, such as beef, pork, lamb, goat, chicken, duck, or [INSERT COMMONLY CONSUMED WILD GAME]?	l) 1	2	8	
	m) Eggs?	m) 1	2	8	
	n) Beans, peas, lentils, or [INSERT COMMONLY CONSUMED FOODS MADE FROM BEANS, PEAS, LENTILS]?	n) 1	2	8	
	o) Nuts, seeds, or [INSERT COMMONLY CONSUMED NUTS OR SEEDS]?	o) 1	2	8	
	p) Hard or soft cheese such as [INSERT COMMONLY CONSUMED TYPES OF CHEESES]?	p) 1	2	8	
(11)	q) Any insects [INSERT OTHER COMMONLY CONSUMED SMALL PROTEIN FOODS SUCH AS INSECT LARVAE (GRUBS, CATERPILLARS), INSECT EGGS, LAND AND SEA SNAILS, FISH ROE, OR SPIDERS]?	q) 1	2	8	
	r) [Chocolates, candies, pastries, cakes, biscuits, or frozen treats like ice cream and popsicles]?	r) 1	2	8	
(12)	s) [INSERT OTHER COMMONLY CONSUMED 'SENTINEL' SWEET FOODS]?	s) 1	2	8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		YES NO DK	
(11)	t) Chips, crisps, puffs, French fries, fried dough, instant noodles, or [INSERT OTHER COMMONLY CONSUMED 'SENTINEL' FRIED AND SALTY FOODS]?	t) 1 2 8	
	u) Red palm oil?	u) 1 2 8	
	v) Any other solid, semi-solid, or soft food? IF YES: v1) What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO REGISTER THE NAME OF THE FOOD.	v) . . . . 1 2 8 OTHER FOOD(S) _____ (SPECIFY)	
638	CHECK 637 (CATEGORIES 'a' THROUGH 'v'): NOT A SINGLE 'YES' ☐ AT LEAST ONE 'YES' ☐		→ 640
639	Did (NAME IN 635) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME IN 635) eat?	YES . . . . 1 (GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY) (THEN CONTINUE TO 640) NO 2	→ 641
640	How many times did (NAME IN 635) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . ☐ DON'T KNOW 8	
641	In the last 6 months, did any healthcare provider or community health worker talk with you about how or what to feed (NAME IN 635)?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
642	The last time (NAME IN 635) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE . . . . 01 PUT/RINSED INTO TOILET OR LATRINE . . . . . 02 PUT/RINSED INTO DRAIN OR DITCH . . . . 03 THROWN INTO GARBAGE . . . . 04 BURIED . . . . 05 LEFT IN THE OPEN . . . . 06 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
643 (10)	Now I'd like to ask you about foods and drinks that you consumed yesterday during the day or night, whether you ate or drank it at home or somewhere else. Please think about snacks and small meals as well as main meals. I will ask you about different foods and drinks, and I would like to know whether you ate the food even if it was combined with other foods. Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish. Yesterday during the day or at night, did you eat or drink:				
		YES	**NO**	**DK**	
	a) Porridge, bread, rice, noodles, pasta, or [INSERT OTHER COMMONLY CONSUMED FOODS MADE FROM GRAINS, INCLUDING RICE DISHES, NOODLE DISHES, ETC.]?	a) 1	2	8	
	b) Pumpkin, carrots, squash [, or sweet potatoes that are yellow or orange inside]?	b) 1	2	8	
	c) Plantains, white potatoes, white yams, manioc, cassava, or [INSERT OTHER COMMONLY CONSUMED STARCHY TUBERS OR TUBEROUS ROOTS THAT ARE WHITE OR PALE INSIDE]?	c) 1	2	8	
	d) Any dark green, leafy vegetables, such as [INSERT UP TO 5 COMMONLY CONSUMED VITAMIN A-RICH DARK GREEN, LEAFY VEGETABLES], or other dark green, leafy vegetables?	d) 1	2	8	
	e) Any other vegetables, such as [INSERT UP TO 5 OTHER COMMONLY CONSUMED VEGETABLES], or other vegetables?	e) 1	2	8	
	f) Ripe mangoes or ripe papayas or [INSERT OTHER COMMONLY CONSUMED VITAMIN A-RICH FRUITS]?	f) 1	2	8	
	g) Any other fruits, such as [INSERT UP TO 5 COMMONLY CONSUMED FRUITS], or other fruits?	g) 1	2	8	
	h) Fresh or dried fish or shellfish?	h) 1	2	8	
	i) Liver, kidney, heart, or [INSERT OTHER COMMONLY CONSUMED ORGAN MEATS]?	i) 1	2	8	
	j) Sausages, hot dogs, frankfurters, ham, bacon, salami, canned meat, or [INSERT OTHER COMMONLY CONSUMED PROCESSED MEATS]?	j) 1	2	8	
	k) Any other meat, such as beef, pork, lamb, goat, chicken, duck, or [INSERT COMMONLY CONSUMED WILD GAME]?	k) 1	2	8	
	l) Eggs?	l) 1	2	8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	m) Beans, peas, lentils, or [INSERT COMMONLY CONSUMED FOODS MADE FROM BEANS, PEAS, OR LENTILS]?	m) 1	2	8	
	n) Nuts, seeds, or [INSERT COMMONLY CONSUMED NUTS OR SEEDS]?	n) 1	2	8	
	o) Milk, cheese, yogurt, or [INSERT OTHER COMMONLY CONSUMED MILK PRODUCTS]?	o) 1	2	8	
(11)	p) Any insects [INSERT OTHER COMMONLY CONSUMED SMALL PROTEIN FOODS SUCH AS INSECT LARVAE (GRUBS, CATERPILLARS), INSECT EGGS, LAND AND SEA SNAILS, FISH ROE, OR SPIDERS]?	p) 1	2	8	
	q) [Chocolates, candies, pastries, cakes, biscuits, or frozen treats like ice cream and popsicles]?	q) 1	2	8	
(12)	r) [INSERT OTHER COMMONLY CONSUMED 'SENTINEL' SWEET FOODS]?	r) 1	2	8	
	s) Chips, crisps, puffs, French fries, fried dough, instant noodles, or [INSERT OTHER COMMONLY CONSUMED 'SENTINEL' FRIED AND SALTY FOODS]?	s) 1	2	8	
	t) Fruit juice [or fruit-flavored drinks]?	t) 1	2	8	
	u) Sodas, malt drinks, sports drinks, or energy drinks?	u) 1	2	8	
(11)	v) Sweetened tea, sweetened coffee, or sweetened herbal drinks [INSERT OTHER COMMONLY CONSUMED SWEET DRINKS SUCH AS CHOCOLATE FLAVORED DRINKS AND SWEET OR FLAVORED YOGURT DRINKS]?	v) 1	2	8	
	w) Red palm oil?	w) 1	2	8	
	x) Any other liquids? IF YES: x1) What was the drink?	x) 1	2	8	
		OTHER DRINK(S) _____ (SPECIFY)			
	x2) Was the drink sweetened?	SWEETENED . . 1	2	8	
	y) Any other food? IF YES: y1) What was the food?	y) 1	2	8	
		OTHER FOOD(S) _____ (SPECIFY)			
	MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO RECORD THE NAME OF THE FOOD.				

(1) Only include item (a) if a country has a national pill/syrup program, and only include item (b) if country has a national micronutrient powders (MNP) program. If a country includes both types of supplements in their national program, retain both items. Remove this question in countries that do not have a national iron supplementation program for children.

(2) As per WHO guidance, annual administration of deworming medication is recommended where the baseline prevalence of soil-transmitted helminth infection is 20-50% and semiannual administration is recommended when the prevalence is >50%. Where prevalence is below 50%, countries may choose to change the reference period in Q606 from 6 to 12 months. The question should be deleted in surveys in countries where there is no program for deworming.

(3) Item 'c' refers to measurement of the mid upper arm circumference (MUAC). Rephrase this item as needed so that mothers will understand which part of the body the question is referring to. If a country does not have wide-scale Community Management of Acute Malnutrition (CMAM) program, item 'c' can be removed.

(4) 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.

(5) Coding categories to be developed locally; however, the broad categories must be maintained.

(6) 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.

(7) If the government does not recommend a homemade fluid, then this item should be dropped from the question. If the government does recommend a homemade fluid, 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.

(8) The question should be deleted in countries that are not affected by malaria.

(9) Coding categories to be developed locally and revised based on the pretest. All antimalarials commonly used in the country should be included in the response categories. Common brand names of medicine, such as Bayer or Tylenol, should be added to the response categories for aspirin, acetaminophen, or ibuprofen as appropriate.

(10) All drink and food group categories must be adapted to include commonly consumed drinks and foods in the survey country. Please see the DHS Questionnaire Adaptation Guide *(forthcoming)* for information on how to adapt the drink and food groups.

(11) This drink or food category is optional. Remove it from the questionnaire when the category is not relevant to the country. When removing optional categories, do not renumber the remaining food categories.

(12) Remove from the questionnaire if adaptation only includes one question for the sweet foods group.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED . . . . 1 YES, LIVING WITH A MAN . . . . 2 NO, NOT IN UNION 3	→706A
702	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED . . . . 1 YES, LIVED WITH A MAN . . . . 2 NO 3	→721
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . 1 DIVORCED . . . . 2 SEPARATED 3	→714
706A	Do you have a marriage certificate or other document recognizing this (marriage/union)?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→707

706B	What document or documents do you have?
	
	Any other document?
	
	RECORD ALL MENTIONED.
		MARRIAGE CERTIFICATE FROM A CHURCH,
		    MOSQUE OR OTHER RELIGIOUS
		    INSTITUTION . . . . A
		MARRIAGE CERTIFICATE FROM A CIVIL
		    AUTHORITY . . . . B
		OTHER DOCUMENT FROM A RELIGIOUS
		    INSTITUTION C
		OTHER DOCUMENT FROM A CIVIL
		    AUTHORITY . . . . D
		
		OTHER _____ X
		                    (SPECIFY)
			→709

707	Was this marriage ever registered with the civil authority?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
709	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER . . . . 1 STAYING ELSEWHERE 2	
710	Please tell me the name of your (husband/partner). RECORD THE HUSBAND'S LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. . . . . [__][__]	
711 (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	→714
712 (1)	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . . . [__][__] DON'T KNOW 98	
713 (1)	Are you the first, second, … wife?	RANK . . . . [__][__] DON'T KNOW 98	
714	Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . 1 MORE THAN ONCE 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	CHECK 714: MARRIED/ LIVED WITH A MAN ONLY ONCE □ MARRIED/ LIVED WITH A MAN MORE THAN ONCE □ a) In what month and year did you start living with your (husband/partner)? b) Now I would like to ask about your first husband or partner. In what month and year did you start living with him?	MONTH . . . . ▭▭ DON'T KNOW MONTH . . . . 98 YEAR . . . . ▭▭▭▭ DON'T KNOW YEAR 9998	→ 717
716	How old were you when you first started living with him?	AGE . . . . ▭▭	
717	CHECK 714: MARRIED/LIVED WITH A MAN MORE THAN ONCE □ MARRIED/LIVED WITH A MAN ONLY ONCE □		→ 721
718	CHECK 701: YES, CURRENTLY MARRIED □ YES, LIVING WITH A MAN □ NO, NOT IN A UNION □		→ 721
719	Now I'd like to ask you about your current (husband/partner). In what month and year did you start living with him?	MONTH . . . . ▭▭ DON'T KNOW MONTH . . . . 98 YEAR . . . . ▭▭▭▭ DON'T KNOW YEAR 9998	→ 721
720	How old were you when you first started living with your current (husband/partner)?	AGE . . . . ▭▭	
721	**CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.**		
722	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . 00 AGE IN YEARS . . . . ▭▭	→ 738
723	I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . 1 ▭▭ WEEKS AGO . . . . 2 ▭▭ MONTHS AGO . . . . 3 ▭▭ YEARS AGO . . . . 4 ▭▭	→ 737

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 232: NOT PREGNANT ☐ OR UNSURE ↓	PREGNANT ☐	→ 727
725	The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid getting pregnant?	YES .... 1 NO 2	→ 727
726	Which method did you use? RECORD ALL MENTIONED. IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 728 EVEN IF ANOTHER METHOD WAS ALSO USED.	FEMALE STERILIZATION .... A MALE STERILIZATION .... B IUD .... C INJECTABLES .... D IMPLANTS .... E PILL .... F CONDOM .... G FEMALE CONDOM .... H EMERGENCY CONTRACEPTION .... I STANDARD DAYS METHOD .... J LACTATIONAL AMENORRHEA METHOD ..... K RHYTHM METHOD .... L WITHDRAWAL .... M OTHER MODERN METHOD .... X OTHER TRADITIONAL METHOD .... Y	→ 728
727 (2)	The last time you had sexual intercourse, was a condom used?	YES .... 1 NO 2	→ 730
728 (2)	What is the brand name of the condom used? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	BRAND A .... 01 BRAND B .... 02 BRAND C .... 03 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

729 (2) (3)	From where did you obtain the condom the last time?
	
	PROBE TO IDENTIFY TYPE OF SOURCE.
	IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL 11
		  GOVERNMENT HEALTH CENTER 12
		  FAMILY PLANNING CLINIC 13
		  MOBILE CLINIC 14
		  COMMUNITY HEALTH WORKER/FIELD WORKE 15
		  OTHER PUBLIC SECTOR 16
		  _____
		  (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL 21
		  PRIVATE CLINIC 22
		  PHARMACY 23
		  PRIVATE DOCTOR 24
		  MOBILE CLINIC 25
		  COMMUNITY HEALTH WORKER/FIELD WORKE 26
		  OTHER PRIVATE MEDICAL SECTOR 27
		  _____
		  (SPECIFY)
		
		NGO MEDICAL SECTOR
		  NGO HOSPITAL 31
		  NGO CLINIC 32
		  OTHER NGO MEDICAL SECTOR 36
		  _____
		  (SPECIFY)
		
		OTHER SOURCE
		  SHOP 41
		  CHURCH 42
		  FRIEND/RELATIVE 43
		
		  OTHER _____ 96
		  (SPECIFY)
		  DON'T KNOW 98	

730	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND . . . . 1 LIVE-IN PARTNER . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . 3 CASUAL ACQUAINTANCE . . . . 4 CLIENT/SEX WORKER . . . . 5 OTHER _____ 6 (SPECIFY)	
731	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES . . . . 1 NO 2	→ 737
732 (2)	The last time you had sexual intercourse with this second person, was a condom used?	YES . . . . 1 NO 2	
733	What was your relationship to this second person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND . . . . 1 LIVE-IN PARTNER . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE . . . . 4 CLIENT/SEX WORKER . . . . 5 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
734	Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?	YES .... 1 NO 2	→ 737
735 (2)	The last time you had sexual intercourse with this third person, was a condom used?	YES .... 1 NO 2	
736	What was your relationship to this third person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND .... 1 LIVE-IN PARTNER .... 2 BOYFRIEND NOT LIVING WITH RESPONDENT .. 3 CASUAL ACQUAINTANCE .... 4 CLIENT/SEX WORKER .... 5 OTHER _____ 6 (SPECIFY)	
737	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME ☐☐ DON'T KNOW 98	
738	PRESENCE OF OTHERS DURING THIS SECTION.	YES NO CHILDREN <10 .... 1 2 MALE ADULTS .... 1 2 FEMALE ADULTS 1 2	

(1) The question should be deleted in countries where polygyny is not practiced.

(2) 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.

(3) Coding categories to be developed locally; however, the broad categories must be maintained.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 307: NOT ASKED ☐ NEITHER ARE ☐ HE OR SHE ☐ STERILIZED STERILIZED		→ 813
802	CHECK 232: PREGNANT ☐ NOT PREGNANT ☐ OR UNSURE		→ 804
803	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD . . . . 1 NO MORE . . . . 2 UNDECIDED/DON'T KNOW 8	→ 805 → 812
804	CHECK 208: HAS HAD ☐ HAS NOT HAD ☐ A CHILD A CHILD a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD . . . . 1 NO MORE/NONE . . . . 2 SAYS SHE CAN'T GET PREGNANT . . . . 3 UNDECIDED/DON'T KNOW 8	 → 807 → 813 → 811
805	CHECK 208 AND 232: NOT PREG. ☐ NOT PREG. ☐ PREGNANT ☐ OR UNSURE OR UNSURE AND HAS AND HAS NOT HAD A CHILD HAD A CHILD a) How long would you like to wait from now before the birth of another child? b) How long would you like to wait from now before the birth of a child? c) 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	 → 811 → 813 → 811
806	CHECK 232: NOT PREGNANT ☐ PREGNANT ☐ OR UNSURE		→ 812
807	CHECK 307: USING A CONTRACEPTIVE METHOD? NOT ☐ CURRENTLY ☐ ASKED USING		→ 813
808	CHECK 805: '24' OR MORE MONTHS ☐ NOT ☐ '00-23' MONTHS ☐ OR '02' OR MORE YEARS ASKED OR '00-01' YEAR		→ 812
809	CHECK 723: YEARS ☐ AGO DAYS, WEEKS OR ☐ NOT ☐ MONTHS AGO ASKED		→ 811 → 811

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

810	CHECK 208 AND 804:
	
	HAS HAD A CHILD AND WANTS TO HAVE ANOTHER CHILD □ HAS HAD A CHILD AND WANTS NO MORE □
	
	a) You have said that you do not want another child soon. Can you tell me why you are not using a method to prevent pregnancy?
	
	Any other reason?
	
	RECORD ALL REASONS MENTIONED.
	
	b) You have said that you do not want any more children. Can you tell me why you are not using a method to prevent pregnancy?
	
	Any other reason?
	
	RECORD ALL REASONS MENTIONED.
	
	HAS NOT HAD A CHILD AND WANTS TO HAVE A CHILD □ HAS NOT HAD A CHILD AND WANTS NO CHILDREN □
	
	c) You have said that you do not want a child soon. Can you tell me why you are not using a method to prevent pregnancy?
	
	Any other reason?
	
	RECORD ALL REASONS MENTIONED.
	
	d) You have said that you do not want any children. Can you tell me why you are not using a method to prevent pregnancy?
	
	Any other reason?
	
	RECORD ALL REASONS MENTIONED.
		NOT MARRIED . . . . A
		
		FERTILITY-RELATED REASONS
		  NOT HAVING SEX . . . . B
		  INFREQUENT SEX C
		  MENOPAUSAL/HYSTERECTOMY . . . . D
		  CAN'T GET PREGNANT . . . . E
		  NOT MENSTRUATED SINCE LAST BIRTH . . F
		  BREASTFEEDING . . . . G
		  UP TO GOD/FATALISTIC . . . . H
		
		OPPOSITION TO USE
		  RESPONDENT OPPOSED I
		  HUSBAND/PARTNER OPPOSED . . . . J
		  OTHERS OPPOSED . . . . K
		  RELIGIOUS PROHIBITION L
		
		LACK OF KNOWLEDGE
		  KNOWS NO METHOD . . . . M
		  KNOWS NO SOURCE . . . . N
		
		METHOD-RELATED REASONS
		  INCONVENIENT TO USE . . . . O
		  CHANGES IN MENSTRUAL BLEEDING . . . . . P
		  METHODS COULD CAUSE INFERTILITY . . Q
		  INTERFERES WITH BODY'S
		     NORMAL PROCESSES . . . . R
		  OTHER SIDE EFFECTS . . . . S
		
		COST/ACCESS/AVAILABILITY
		  LACK OF ACCESS/TOO FAR . . . . T
		  COSTS TOO MUCH . . . . U
		  PREFERRED METHOD NOT AVAILABLE . . V
		  NO METHOD AVAILABLE . . . . W
		
		OTHER _____ X
		          (SPECIFY)
		
		DON'T KNOW . . . . Z	

811	CHECK 307: USING A CONTRACEPTIVE METHOD? NOT ASKED □ YES, CURRENTLY USING □		→ 813
812	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
813	CHECK 224: HAS LIVING CHILDREN □ NO LIVING CHILDREN □ a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE. b) 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 . . . . □□ OTHER _____ 96 (SPECIFY)	→ 815 → 815
814	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER . . □□ □□ □□ OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815	In the last 12 months have you:		

			YES	NO	
815	a) Heard about family planning on the radio?	a) RADIO	1	2	
	b) Seen anything about family planning on the television?	b) TELEVISION	1	2	
	c) Read about family planning in a newspaper or magazine?	c) NEWSPAPER OR MAGAZINE	1	2	
	d) Received a voice or text message about family planning on a mobile phone?	d) MOBILE PHONE	1	2	
	e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram?	e) FACEBOOK/TWITTER/INSTAGRAM	1	2	
	f) Seen anything about family planning on a poster, leaflet or brochure?	f) POSTER/LEAFLET/BROCHURE	1	2	
	g) Seen anything about family planning on an outdoor sign or billboard?	g) OUTDOOR SIGN/BILLBOARD	1	2	
	h) Heard anything about family planning at community meetings or events?	h) COMMUNITY MEETINGS/EVENTS	1	2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816	OPTIONAL COUNTRY-SPECIFIC QUESTIONS ON MEDIA MESSAGES ABOUT FAMILY PLANNING.		
817	CHECK 701: YES, ☐ YES, ☐ NO, ☐ CURRENTLY LIVING NOT IN A UNION MARRIED ↓ WITH A MAN ↓		→ 901
818	Who usually makes the decision on whether or not you should use contraception, you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT .... 1 HUSBAND/PARTNER .... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE .... 4 OTHER _____ 6 (SPECIFY)	→ 820 → 820
819	When making this decision with your (husband/partner), would you say that your opinion is more important, equally important, or less important than your (husband's/partner's) opinion?	MORE IMPORTANT .... 1 EQUALLY IMPORTANT .... 2 LESS IMPORTANT 3	
820	Has your (husband/partner) or any other family member ever tried to force or pressure you to become pregnant when you did not want to become pregnant?	YES .... 1 NO 2	
821	CHECK 307: NOT ASKED ☐ NEITHER ARE ☐ HE OR SHE ARE ☐ STERILIZED ↓ STERILIZED ↓		→ 901
822	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER .... 1 MORE CHILDREN .... 2 FEWER CHILDREN .... 3 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED/ ☐ LIVING WITH A MAN ↓	NOT IN ☐ UNION	→ 909
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS .... ☐☐	
903	Did your (husband/partner) ever attend school?	YES .... 1 NO 2	→ 906
904 (1)	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY .... 1 SECONDARY .... 2 HIGHER .... 3 DON'T KNOW 8	→ 906
905 (1)	What was the highest [GRADE/FORM/YEAR] he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] .... ☐☐ DON'T KNOW 98	
906	Has your (husband/partner) done any work in the last 7 days?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 908
907	Has your (husband/partner) done any work in the last 12 months?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 909
908	What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?	_____ _____ ⌐☐☐¬ _____	
909	Aside from your own housework, have you done any work in the last 7 days?	YES .... 1 NO 2	→ 913
910	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last 7 days, have you done any of these things or any other work?	YES .... 1 NO 2	→ 913
911	Although you did not work in the last 7 days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES .... 1 NO 2	→ 913
912	Have you done any work in the last 12 months?	YES .... 1 NO 2	→ 917
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ ⌐☐☐¬ _____	
914	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER .... 1 FOR SOMEONE ELSE .... 2 SELF-EMPLOYED 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . 1 SEASONALLY/PART OF THE YEAR . . . . 2 ONCE IN A WHILE 3	
916	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . 1 CASH AND KIND . . . . 2 IN KIND ONLY . . . . 3 NOT PAID 4	
917	CHECK 701: CURRENTLY ☐ MARRIED/LIVING WITH A MAN ▼	NOT IN UNION ☐	→ 925
918	CHECK 916: CODE '1' OR '2' ☐ CIRCLED ↓	OTHER ☐	→ 921
919	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER _____ 6 (SPECIFY)	
920	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM . . . . 1 LESS THAN HIM . . . . 2 ABOUT THE SAME . . . . 3 HUSBAND/PARTNER HAS NO EARNINGS . . . . . 4 DON'T KNOW 8	→ 922
921	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 HUSBAND/PARTNER HAS NO EARNINGS . . . . . 4 OTHER _____ 6 (SPECIFY)	
922	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE . . . . 4 OTHER 6	
923	Who usually makes decisions about making major household purchases?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE . . . . 4 OTHER 6	
924	Who usually makes decisions about visits to your family or relatives?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE . . . . 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY .... 01 JOINTLY WITH HUSBAND/PARTNER ONLY ..... 02 JOINTLY WITH SOMEONE ELSE ONLY ..... 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE .... 04 BOTH ALONE AND JOINTLY .... 05 DOES NOT OWN 06	→ 928
926	Do you have a title deed or other government recognized document for any house you own?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 928
927	Is your name on this document?	YES .... 1 NO .... 2 DON'T KNOW 8	
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY .... 01 JOINTLY WITH HUSBAND/PARTNER ONLY ..... 02 JOINTLY WITH SOMEONE ELSE ONLY ..... 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE .... 04 BOTH ALONE AND JOINTLY .... 05 DOES NOT OWN 06	→ 930A
929	Do you have a title deed or other government recognized document for any land you own?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 930A
930	Is your name on this document?	YES .... 1 NO .... 2 DON'T KNOW 8	
930A	Do you have an account in a bank or other financial institution that you yourself use?	YES .... 1 NO 2	→ 930C
930B	Did you yourself put money in or take money out of this account in the last 12 months?	YES .... 1 NO 2	
930C	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES .... 1 NO 2	

931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)		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

932	In your opinion, is a husband justified in hitting or beating his wife in the following situations:		YES	NO	DK
	a) If she goes out without telling him?	a) GOES OUT	1	2	8
	b) If she neglects the children?	b) NEGLECTS CHILDREN ..	1	2	8
	c) If she argues with him?	c) ARGUES	1	2	8
	d) If she refuses to have sex with him?	d) REFUSES SEX	1	2	8
	e) If she burns the food?	e) BURNS FOOD	1	2	8

(1) Revise according to the local educational system.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000	Now I would like to talk about HIV and AIDS.		
1001 (1)	Have you ever heard of HIV or AIDS?	YES . . . . 1 NO 2	→ 1040
1002	CHECK 111: AGE 15-24 YEARS ☐ ↓ 25 YEARS OR OLDER ☐		→ 1008
1003	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1004	Can people get HIV from mosquito bites?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1005	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1006	Can people get HIV by sharing food with a person who has HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1007	Is it possible for a healthy-looking person to have HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1008	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES . . . . 1 NO 2	
1009	Are there any special medicines that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1010 (2)(3)	Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?	YES . . . . 1 NO 2	→ 1012
1011 (3)	Do you approve of people who take a pill every day to prevent getting HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1012 (4)	CHECK 220 AND 223: NO LIVE BIRTHS ☐ LAST LIVE BIRTH 0-23 MONTHS BEFORE THE SURVEY ☐ ↓ LAST LIVE BIRTH 24 MONTHS OR MORE BEFORE THE SURVEY ☐		→ 1024 → 1024
1013 (4)	CHECK 412 FOR LAST LIVE BIRTH ('TYPE 1'): HAD ANTENATAL CARE ☐ ↓ NO ANTENATAL CARE ☐		→ 1018
1014 (4)	**CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.**		
1015 (4)	Were you tested for HIV as part of your antenatal care while you were pregnant with (CHILD NAME)?	YES . . . . 1 NO 2	→ 1018

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1016 (4) (5)	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . 11 GOVERNMENT HEALTH CENTER . . . . 12 STAND-ALONE HTC CENTER . . . . 13 FAMILY PLANNING CLINIC . . . . 14 MOBILE HTC SERVICES . . . . 15 OTHER PUBLIC SECTOR 16 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . 21 PRIVATE CLINIC . . . . 22 PRIVATE DOCTOR . . . . 23 STAND-ALONE HTC CENTER . . . . 24 PHARMACY . . . . 25 MOBILE HTC SERVICES . . . . 26 OTHER PRIVATE MEDICAL SECTOR 27 _____ (SPECIFY) **NGO MEDICAL SECTOR** NGO HOSPITAL . . . . 31 NGO CLINIC . . . . 32 OTHER NGO MEDICAL SECTOR 36 _____ (SPECIFY) **OTHER SOURCE** HOME . . . . 41 WORKPLACE . . . . 42 CORRECTIONAL FACILITY . . . . 43 OTHER 96 _____ (SPECIFY)	
1017 (4)	Did you get the results of the test?	YES . . . . 1 NO 2	
1018 (4)	CHECK 435 FOR LAST LIVE BIRTH ('TYPE 1'): ANY CODE ☐ OTHER ☐ '21-46' CIRCLED ↓		→ 1021
1019 (4)	Between the time you went for delivery but before the baby was born, were you tested for HIV?	YES . . . . 1 NO 2	→ 1021
1020 (4)	Did you get the results of the test?	YES . . . . 1 NO 2	→ 1022
1021 (4)	CHECK 1015: YES ☐ NO OR ☐ ↓ NOT ASKED		→ 1024
1022 (4)	Have you been tested for HIV since that time you were tested during your pregnancy?	YES . . . . 1 NO 2	→ 1025

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1023 (4)	In what month and year was your most recent HIV test?	MONTH .... ☐☐ DON'T KNOW MONTH .... 98 YEAR .... ☐☐☐☐ DON'T KNOW YEAR 9998	→ 1028
1024	Have you ever been tested for HIV?	YES .... 1 NO 2	→ 1032
1025	In what month and year was your most recent HIV test?	MONTH .... ☐☐ DON'T KNOW MONTH .... 98 YEAR .... ☐☐☐☐ DON'T KNOW YEAR 9998	

1026 (5)	Where was the test done?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL 11
		   GOVERNMENT HEALTH CENTER 12
		   STAND-ALONE HTC CENTER 13
		   FAMILY PLANNING CLINIC 14
		   MOBILE HTC SERVICES 15
		   OTHER PUBLIC SECTOR 16
		   _____
		         (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL 21
		   PRIVATE CLINIC 22
		   PRIVATE DOCTOR 23
		   STAND-ALONE HTC CENTER 24
		   PHARMACY 25
		   MOBILE HTC SERVICES 26
		   OTHER PRIVATE MEDICAL SECTOR 27
		   _____
		         (SPECIFY)
		
		NGO MEDICAL SECTOR
		   NGO HOSPITAL 31
		   NGO CLINIC 32
		   OTHER NGO MEDICAL SECTOR 36
		   _____
		         (SPECIFY)
		
		OTHER SOURCE
		   HOME 41
		   WORKPLACE 42
		   CORRECTIONAL FACILITY 43
		
		   OTHER 96
		   _____
		         (SPECIFY)	

1027	Did you get the results of the test?	YES .... 1 NO 2	→ 1031

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1028	What was the result of the test?	POSITIVE . . . . 1 NEGATIVE . . . . 2 INDETERMINATE . . . . 3 DECLINED TO ANSWER . . . . 4 DID NOT RECEIVE TEST RESULT 5	→ 1031
1029	In what month and year did you receive your first HIV-positive test result?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR . . . . 9998 SAME DATE AS LAST HIV TEST 95	
1030	Are you currently taking ARVs, that is antiretroviral medicines? By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1031	How many times have you been tested for HIV in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.	NUMBER OF HIV TESTS . . . . ☐☐	
1032	Have you heard of test kits people can use to test themselves for HIV?	YES . . . . 1 NO 2	→ 1034
1033	Have you ever tested yourself for HIV using a self-test kit?	YES . . . . 1 NO 2	
1034	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1035	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1036 (6)	CHECK 1028: CODE '1' ☐ OTHER ☐ CIRCLED		→ 1040
1037 (6)	Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me?	YES . . . . 1 NO 2	
1038 (6)	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV status.	AGREE . . . . 1 DISAGREE 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1039 (6)	Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months:		
			YES	NO	
	a) People have talked badly about me because of my HIV status.	a) PEOPLE TALK BADLY 1 2	
	b) Someone else disclosed my HIV status without my permission.	b) DISCLOSED STATUS 1 2	
	c) I have been verbally insulted, harassed, or threatened because of my HIV status.	c) VERBALLY INSULTED 1 2	
	d) Healthcare workers talked badly about me because of my HIV status.	d) HEALTHCARE WORKERS TALKED BADLY 1 2	
	e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.	e) HEALTHCARE WORKERS VERBALLY ABUSED 1 2	
1040 (1)	CHECK 1001: HEARD ABOUT ☐ HIV OR AIDS NOT HEARD ABOUT ☐ HIV OR AIDS a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? b) Have you heard about infections that can be transmitted through sexual contact?	YES .... 1 NO 2	
1041	CHECK 722: HAS HAD SEXUAL ☐ INTERCOURSE NEVER HAD SEXUAL ☐ INTERCOURSE		→ 1046
1042	CHECK 1040: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐		→ 1044
1043	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES .... 1 NO .... 2 DON'T KNOW 8	
1044	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES .... 1 NO .... 2 DON'T KNOW 8	
1045	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES .... 1 NO .... 2 DON'T KNOW 8	
1046	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES .... 1 NO .... 2 DON'T KNOW 8	
1047	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES .... 1 NO .... 2 DON'T KNOW 8	
1048	CHECK 701: CURRENTLY MARRIED/ ☐ LIVING WITH A MAN NOT IN UNION ☐		→ 1101
1049	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES .... 1 NO .... 2 DEPENDS/NOT SURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1050	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES .... 1 NO .... 2 DEPENDS/NOT SURE 8	

(1) Delete question 1001 in countries where knowledge of HIV and AIDS is nearly universal. If 1001 is deleted, revise 1040 to remove the reference to 1001 and version b). Only the text from version a) will remain.

(2) PrEP refers to pre-exposure prophylaxis. Use the local term for PrEP, if applicable.

(3) Delete these questions if the country does not have a national PrEP program.

(4) Question may be considered for deletion in low HIV prevalence countries.

(5) Coding categories to be developed locally; however, the broad categories must be maintained.

(6) These questions are used to report on a UNAIDS Global AIDS Monitoring (GAM) indicator. They should be used in countries with or without HIV testing. However, if the estimated HIV prevalence in a country is below 1%, it is advisable to remove these questions, as the number of self-reported HIV positive respondents will be extremely low, even at the national level. For countries with estimated HIV prevalence below 2%, anticipated sample size should be considered in deciding whether to retain or remove the questions.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101 (1)	How long does it take in minutes to go from your home to the nearest healthcare facility, which could be a hospital, a health clinic, a medical doctor, or a health post?	MINUTES . . . . ☐☐☐	
1102	How do you travel to this healthcare facility from your home? IF MORE THAN ONE WAY OF TRAVEL IS MENTIONED, RECORD THE ONE HIGHEST ON THE LIST.	**MOTORIZED** CAR/TRUCK . . . . 01 PUBLIC BUS . . . . 02 MOTORCYCLE/SCOOTER . . . . 03 BOAT WITH MOTOR . . . . 04 **NOT MOTORIZED** ANIMAL-DRAWN CART . . . . 05 BICYCLE . . . . 06 BOAT WITHOUT MOTOR . . . . 07 WALKING . . . . 08 OTHER _____ 96 (SPECIFY)	
1103	Has a doctor or other healthcare provider examined your breasts to check for breast cancer?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1104	Now I'm going to ask you about tests a healthcare worker can do to check for cervical cancer, which is cancer in the cervix. The cervix connects the womb to the vagina. To be checked for cervical cancer, a woman is asked to lie on her back with her legs apart. Then the healthcare worker will use a brush or swab to collect a sample from inside her. The sample is sent to a laboratory for testing. This test is called a Pap smear or HPV test. Another method is called a VIA or Visual Inspection with Acetic Acid. In this test, the healthcare worker puts vinegar on the cervix to see if there is a reaction.		
1105	Has a doctor or other healthcare worker ever tested you for cervical cancer?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1106	Now I would like to ask you some questions on smoking and tobacco use. Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY . . . . 1 SOME DAYS . . . . 2 NOT AT ALL 3	→ 1108
1107	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES . . . . ☐☐	
1108	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	EVERY DAY . . . . 1 SOME DAYS . . . . 2 NOT AT ALL 3	→ 1110
1109 (2)	What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	KRETEKS . . . . A PIPES FULL OF TOBACCO . . . . B CIGARS, CHEROOTS, OR CIGARILLOS . . . . C WATER PIPE . . . . D SNUFF BY MOUTH . . . . E SNUFF BY NOSE . . . . F CHEWING TOBACCO . . . . G BETEL QUID WITH TOBACCO . . . . H OTHER _____ X (SPECIFY)	
1110	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, or [ADD OTHER LOCAL EXAMPLES]?	YES . . . . 1 NO 2	→ 1113

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1111	During the last one month, on how many days did you have an alcoholic drink? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.	DID NOT DRINK ALCOHOL . . . . 00 NUMBER OF DAYS . . . . ☐☐ EVERY DAY/ALMOST EVERY DAY 95	→ 1113
1112	We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one cup of [ADD OTHER LOCAL EXAMPLES]. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day? SHOW PICTURES OF SIZES OF STANDARD DRINKS.	LESS THAN ONE STANDARD DRINK . . . . 00 NUMBER OF DRINKS . . . . ☐☐	
1113	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem: a) Getting permission to go to the doctor? b) Getting money needed for advice or treatment? c) The distance to the health facility? d) Not wanting to go alone?	BIG NOT A BIG PROBLEM PROBLEM a) PERMISSION TO GO . . . . . 1 2 b) GETTING MONEY . . . . 1 2 c) DISTANCE . . . . 1 2 d) GO ALONE 1 2	
1114 (3)	Are you covered by any health insurance?	YES . . . . 1 NO 2	→ 1116

1115 (3)	What type of health insurance are you covered by?
	
	RECORD ALL MENTIONED.
		MUTUAL HEALTH ORGANIZATION/
		   COMMUNITY-BASED HEALTH
		   INSURANCE . . . . A
		HEALTH INSURANCE THROUGH EMPLOYER B
		SOCIAL SECURITY C
		OTHER PRIVATELY PURCHASED
		   COMMERCIAL HEALTH INSURANCE . . . . . D
		
		OTHER _____ X
		               (SPECIFY)	

1116	RECORD THE TIME.	HOURS . . . . ☐☐ MINUTES . . . . ☐☐	

(1) Adapt names of types of healthcare facilities to the local context.
(2) Add local terms.
(3) All response categories are to be adapted to the country environment. If a health service prepayment plan or other types of plans are available in the country, add those types of plans to the question in Qs. 1114 and 1115 and to the response codes in Q. 1115.

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE (2)

B   BIRTHS
P   PREGNANCIES
T   TERMINATIONS

0   NO METHOD

1   FEMALE STERILIZATION
2   MALE STERILIZATION
3   IUD
4   INJECTABLES
5   IMPLANTS
6   PILL
7   CONDOM
8   FEMALE CONDOM
9   EMERGENCY CONTRACEPTION
J   STANDARD DAYS METHOD
K   LACTATIONAL AMENORRHEA METHOD
L   RHYTHM METHOD

M   WITHDRAWAL
X   OTHER MODERN METHOD
Y   OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

0   INFREQUENT SEX/HUSBAND AWAY
1   BECAME PREGNANT WHILE USING
2   WANTED TO BECOME PREGNANT
3   HUSBAND/PARTNER DISAPPROVED
4   WANTED MORE EFFECTIVE METHOD
5   CHANGES IN MENSTRUAL BLEEDING

6   OTHER SIDE EFFECTS/HEALTH CONCERNS

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

_____
                (SPECIFY)
Z   DON'T KNOW

(1) Year of fieldwork is assumed to be 2022. For fieldwork beginning in 2023, all references to calendar years should be increased by one; for example, 2017 should be changed to 2018, 2018 should be changed to 2019, and similarly for all years throughout the questionnaire.

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

Year		Month	No.	COL. 1	COL. 2	Year
2022 (1)	12	DEC	01			2022
	11	NOV	02			
	10	OCT	03			
	09	SEP	04			
	08	AUG	05			
	07	JUL	06			
	06	JUN	07			
	05	MAY	08			
	04	APR	09			
	03	MAR	10			
	02	FEB	11			
	01	JAN	12			
2021	12	DEC	13			2021
	11	NOV	14			
	10	OCT	15			
	09	SEP	16			
	08	AUG	17			
	07	JUL	18			
	06	JUN	19			
	05	MAY	20			
	04	APR	21			
	03	MAR	22			
	02	FEB	23			
	01	JAN	24			
2020	12	DEC	25			2020
	11	NOV	26			
	10	OCT	27			
	09	SEP	28			
	08	AUG	29			
	07	JUL	30			
	06	JUN	31			
	05	MAY	32			
	04	APR	33			
	03	MAR	34			
	02	FEB	35			
	01	JAN	36			
2019	12	DEC	37			2019
	11	NOV	38			
	10	OCT	39			
	09	SEP	40			
	08	AUG	41			
	07	JUL	42			
	06	JUN	43			
	05	MAY	44			
	04	APR	45			
	03	MAR	46			
	02	FEB	47			
	01	JAN	48			
2018	12	DEC	49			2018
	11	NOV	50			
	10	OCT	51			
	09	SEP	52			
	08	AUG	53			
	07	JUL	54			
	06	JUN	55			
	05	MAY	56			
	04	APR	57			
	03	MAR	58			
	02	FEB	59			
	01	JAN	60			
2017	12	DEC	61			2017
	11	NOV	62			
	10	OCT	63			
	09	SEP	64			
	08	AUG	65			
	07	JUL	66			
	06	JUN	67			
	05	MAY	68			
	04	APR	69			
	03	MAR	70			
	02	FEB	71			
	01	JAN	72			

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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