

GHANA DEMOGRAPHIC AND HEALTH SURVEY
WOMEN'S QUESTIONNAIRE

IDENTIFICATION	
PLACE NAME _____	
REGION	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
EA NUMBER	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
STRUCTURE NUMBER	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
HOUSEHOLD NUMBER	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
TYPE (Men's Questionnaire = 1, Women's Questionnaire = 2)	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 2
NAME OF HOUSEHOLD HEAD _____	
NAME AND LINE NUMBER OF WOMAN _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
(For Office Use) CITY/TOWN/VILLAGE	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
(Large city = 1, medium city = 2, small city = 3, town=4, village = 5)	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 1 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 9
INTERVIEWER'S NAME	_____	_____	_____	NAME
RESULT *	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS
TIME	_____	_____		<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
*RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ (SPECIFY) 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 INCAPACITATED				

LANGUAGE OF QUESTIONNAIRE**	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 1	LANGUAGE OF INTERVIEW**	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
NATIVE LANGUAGE OF RESPONDENT**	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	TRANSLATOR USED	YES ... 1 NO 2
**LANGUAGE CODES 1 ENGLISH 2 AKAN 3 GA 4 EWE 5 HAUSA 6 DAGBANI 7 OTHER _____ (SPECIFY)			

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
101	COLLECT ANY RELEVANT DOCUMENTS THAT MAY HAVE INFORMATION ON THE RESPONDENT'S AGE AND HER CHILDREN'S AGE AND IMMUNIZATION.		
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in a village?	CITY 1 TOWN 2 VILLAGE 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR ENTER '00'.	YEARS <input type="text"/> <input type="text"/> ALWAYS (SINCE BIRTH) 95 VISITOR 96	→105
104	Just before you moved here, did you live in a city, in a town, or in a village?	CITY 1 TOWN 2 VILLAGE 3	
105	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> DON'T KNOW YEAR 98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→111
108	What is the highest level of school you attended: primary, middle/jss, secondary/sss, or higher?	PRIMARY 1 MIDDLE/JSS 2 SECONDARY/SSS 3 HIGHER 4	
109	What is the highest grade you completed at that level?	GRADE <input type="text"/> <input type="text"/>	
110	CHECK 108: PRIMARY OR <input type="checkbox"/> SECONDARY/SSS MIDDLE/JSS <input type="checkbox"/> AND HIGHER <input type="checkbox"/>		→112
111	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY 1 WITH DIFFICULTY 2 NOT AT ALL 3	→113
112	Do you usually read a newspaper or magazine at least once a week?	YES 1 NO 2	
113	Do you usually listen to a radio every day?	YES 1 NO 2	
114	Do you usually watch television at least once a week?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	What is your religion?	CATHOLIC 01 ANGLICAN 02 METHODIST 03 PRESBYTERIAN 04 SPIRITUALIST 05 OTHER CHRISTIAN 06 MOSLEM 07 TRADITIONAL 08 NO RELIGION 09 OTHER _____ 96 (SPECIFY)	
116	To which ethnic group do you belong?	ASANTE 01 AKWAPIM 02 FANTE 03 OTHER AKAN 04 GA/ADANGBE 05 EWE 06 GUAN 07 MOLE-DAGBANI 08 GRUSSI 09 GRUMA 10 HAUSA 11 OTHER _____ 96 (SPECIFY)	

SECTION 2. REPRODUCTION

<p>Now I would like to talk to you about all the pregnancies that you have had in your lifetime. By this I mean all the children born to you, whether they were born alive or dead, whether still living or not, whether living with you or elsewhere, and all the pregnancies that you have had that did not result in a live birth. I understand that it is not easy to talk about children who have died, or pregnancies that have terminated before full term, but it is extremely important that you tell us about <u>all</u> of them, so that we can develop programs that would help the Government of Ghana improve children's health in the future.</p>			
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 living with you?	YES 1 NO 2	→204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <input type="text"/> DAUGHTERS AT HOME ... <input type="text"/>	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <input type="text"/> DAUGHTERS ELSEWHERE <input type="text"/>	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES 1 NO 2	→208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <input type="text"/> GIRLS DEAD <input type="text"/>	
208	Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end early, in a miscarriage, or the child can be born dead. Have you had any such pregnancy that did not result in a live birth?	YES 1 NO 2	→210
209	In all, how many such pregnancies have there been?	PREGNANCY LOSSES <input type="text"/>	
210	SUM ANSWERS TO 203, 205, 207 AND 209, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <input type="text"/>	
211	CHECK 210: Just to make sure that I have this right:: you have had in TOTAL _____ pregnancies during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-210 AS NECESSARY.		
212	CHECK 210: ONE OR MORE PREGNANCIES <input type="checkbox"/> NO PREGNANCIES <input type="checkbox"/>		→234

213 Now I would like to ask you about all of your pregnancies, whether born alive, born dead, or lost pregnancy, starting with the first one you had. RECORD ALL THE PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE ARE MORE THAN 11 PREGNANCIES, USE ADDITIONAL QUESTIONNAIRES.

214	215	216	217	218	219	220	221
Think back to the time of your (first/next) pregnancy	Was that a single or multiple pregnancy?	Was the baby born alive, born dead, or did you lose this pregnancy?	Did that baby cry, move, or breathe when it was born?	What was the name given to that child?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season/significant event was he/she born?	Is (NAME) still alive?
01	SINGLE .. 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST PREGNANCY 3 (SKIP TO 225)←	YES .. 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH .. <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 224
02	SINGLE .. 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST PREGNANCY 3 (SKIP TO 225)←	YES .. 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH .. <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 224
03	SINGLE .. 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST PREGNANCY 3 (SKIP TO 225)←	YES .. 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH .. <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 224
04	SINGLE .. 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST PREGNANCY 3 (SKIP TO 225)←	YES .. 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH .. <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 224
05	SINGLE .. 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST PREGNANCY 3 (SKIP TO 225)←	YES .. 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH .. <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 224
06	SINGLE .. 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST PREGNANCY 3 (SKIP TO 225)←	YES .. 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH .. <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 224
07	SINGLE .. 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST PREGNANCY 3 (SKIP TO 225)←	YES .. 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH .. <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 224
08	SINGLE .. 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST PREGNANCY 3 (SKIP TO 225)←	YES .. 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH .. <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 224

IF BORN ALIVE AND STILL LIVING:		IF BORN ALIVE BUT NOW DEAD:		IF BORN DEAD OR LOST PREGNANCY:			
222	223	224	225	226	227	228	
How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	In what month and year did this pregnancy end?	How many months did the pregnancy last? RECORD IN COMPLETED MONTHS.	FROM YEAR OF THIS PREGNANCY SUBTRACT YEAR OF PREVIOUS PREGNANCY. IS THE DIFFERENCE 3 OR MORE YEARS?	Were there any other pregnancies between the previous pregnancy mentioned and this pregnancy?	
01 AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 (GO TO NEXT PREGNANCY) ↓	DAYS 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> (SKIP TO NEXT PREGNANCY)	MONTH ... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>			
02 AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 (GO TO 227) ↓	DAYS 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> (SKIP TO 227)	MONTH ... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES 1 NO 2 (NEXT PREGNANCY) ↓	YES 1 NO 2	
03 AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 (GO TO 227) ↓	DAYS 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> (SKIP TO 227)	MONTH ... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES 1 NO 2 (NEXT PREGNANCY) ↓	YES 1 NO 2	
04 AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 (GO TO 227) ↓	DAYS 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> (SKIP TO 227)	MONTH ... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES 1 NO 2 (NEXT PREGNANCY) ↓	YES 1 NO 2	
05 AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 (GO TO 227) ↓	DAYS 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> (SKIP TO 227)	MONTH ... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES 1 NO 2 (NEXT PREGNANCY) ↓	YES 1 NO 2	
06 AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 (GO TO 227) ↓	DAYS 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> (SKIP TO 227)	MONTH ... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES 1 NO 2 (NEXT PREGNANCY) ↓	YES 1 NO 2	
07 AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 (GO TO 227) ↓	DAYS 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> (SKIP TO 227)	MONTH ... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES 1 NO 2 (NEXT PREGNANCY) ↓	YES 1 NO 2	
08 AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 (GO TO 227) ↓	DAYS 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> (SKIP TO 227)	MONTH ... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES 1 NO 2 (NEXT PREGNANCY) ↓	YES 1 NO 2	

214	215	216	217	218	219	220	221
Think back to the time of your next pregnancy.	Was that a single or multiple pregnancy?	Was the baby born alive, born dead, or did you lose this pregnancy?	Did that baby cry, move, or breathe when it was born?	What was the name given to that child?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season/significant event was he/she born?	Is (NAME) still alive?
09	SINGLE .. 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST PREGNANCY 3 (SKIP TO 225)←	YES ... 1 NO 2 ↓ 225	(NAME)	BOY . 1 GIRL . 2	MONTH .. <input type="text"/> YEAR <input type="text"/>	YES . 1 NO .. 2 ↓ 224
10	SINGLE .. 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST PREGNANCY 3 (SKIP TO 225)←	YES ... 1 NO 2 ↓ 225	(NAME)	BOY . 1 GIRL . 2	MONTH .. <input type="text"/> YEAR <input type="text"/>	YES . 1 NO .. 2 ↓ 224
11	SINGLE .. 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST PREGNANCY 3 (SKIP TO 225)←	YES ... 1 NO 2 ↓ 225	(NAME)	BOY . 1 GIRL . 2	MONTH .. <input type="text"/> YEAR <input type="text"/>	YES . 1 NO .. 2 ↓ 224

IF BORN ALIVE AND STILL LIVING:		IF BORN ALIVE BUT NOW DEAD:		IF BORN DEAD OR LOST PREGNANCY:		
222 How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	223 Is (NAME) living with you?	224 How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	225 In what year and month did this pregnancy end?	226 How many months did the pregnancy last? RECORD IN COMPLETED MONTHS.	227 FROM YEAR OF THIS PREGNANCY SUBTRACT YEAR OF PREVIOUS PREGNANCY. IS THE DIFFERENCE 3 OR MORE?	228 Were there any other pregnancies between the previous pregnancy mentioned and this pregnancy?
09 AGE IN YEARS <input type="text"/>	YES 1 NO 2 (GO TO 227)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/> (SKIP TO 227)	MONTH .. <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES 1 NO 2 (NEXT PREGNANCY)	YES 1 NO 2
10 AGE IN YEARS <input type="text"/>	YES 1 NO 2 (GO TO 227)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/> (SKIP TO 227)	MONTH .. <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES 1 NO 2 (NEXT PREGNANCY)	YES 1 NO 2
11 AGE IN YEARS <input type="text"/>	YES 1 NO 2 (GO TO 227)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/> (SKIP TO 227)	MONTH .. <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES 1 NO 2 (NEXT PREGNANCY)	YES 1 NO 2
230	FROM YEAR OF INTERVIEW SUBTRACT YEAR OF LAST PREGNANCY. IS THE DIFFERENCE 3 YEARS OR MORE?			YES 1 NO 2 → 232		
231	Have you had any pregnancies since the last pregnancy mentioned? IF YES, PROBE AND CORRECT Q.214 TO Q.228 IF NECESSARY.			YES 1 NO 2		
232	COMPARE 210 WITH NUMBER OF PREGNANCIES IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE) CHECK: FOR EACH PREGNANCY: YEAR IS RECORDED IN 220 OR 225. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED IN 222. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED IN 224. FOR EACH PREGNANCY LOSS: DURATION IS RECORDED IN 226. FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
233	CHECK 220 AND 225 AND ENTER THE NUMBER OF <u>PREGNANCIES</u> SINCE JANUARY 1993. IF NONE, RECORD '0'.					<input type="text"/>
233A	CHECK 220 AND 221 AND ENTER THE NUMBER OF <u>LIVING</u> CHILDREN SINCE JANUARY 1993. IF NONE, RECORD '0'.					<input type="text"/>
233B	CHECK 216 AND 217, AND ENTER THE NUMBER OF CHILDREN <u>BORN ALIVE</u> SINCE JANUARY 1993. IF NONE, RECORD '0'.					<input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
234	Are you pregnant?	YES 1 NO 2 UNSURE 8	→ 237
235	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
236	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to become pregnant at all?	THEN 1 LATER 2 NOT AT ALL 3	
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> IN MENOPAUSE 994 BEFORE LAST PREGNANCY 995 NEVER MENSTRUATED 996	

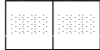
SECTION 3. CONTRACEPTION

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. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302 AND 303.				
301	Which ways or methods have you heard about?		302 Have you or your husband/partner ever used (METHOD)?	303 Do you know where a person could go to get (METHOD)
01	PILL Women can take a pill every day.	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
02	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
03	INJECTIONS Women can have an injection by a doctor, nurse or pharmacist, which stops them from becoming pregnant for several months.	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
04	NORPLANT Women can have several small rods placed in their upper arms by a doctor or nurse which can prevent pregnancy for several years.	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
05	DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
06	CONDOM Men can put a rubber sheath on their penis during sexual intercourse.	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
07	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2	Have you ever had an operation to avoid having any more children? YES 1 NO 2	YES 1 NO 2
08	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2	Has your husband/partner ever had an operation to avoid having children? YES 1 NO 2	YES 1 NO 2
09	RHYTHM, PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2	YES 1 NO 2	Do you know where a person can go to obtain advice on how to use periodic abstinence? YES 1 NO 2
10	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2	YES 1 NO 2	
11	LACTATIONAL AMENORRHEA METHOD (LAM)	YES 1 NO 2	YES 1 NO 2	Do you know where a person can go to obtain advice on LAM? YES 1 NO 2
12	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1 _____ (SPECIFY) 2 _____ (SPECIFY)	YES 1 NO 2 YES 1 NO 2	
304	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> → SKIP TO 307			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→329B
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN . . . <input type="text"/>	
308	When you first used family planning, did you want to have another child but at a later time, or did you not want to have another child at all?	WANTED CHILD LATER 1 DID NOT WANT ANOTHER CHILD . . . 2 OTHER _____ 6 (SPECIFY)	
309	CHECK 302 WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→314A
310	CHECK 234 NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→329
313	Are you or your husband/partner currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→329
314	Which method are you using?	PILL 01 IUD 02 INJECTIONS 03 NORPLANT 04 DIAPHRAGM/FOAM/JELLY 05 CONDOM 06 FEMALE STERILIZATION 07 MALE STERILIZATION 08 PERIODIC ABSTINENCE 09 WITHDRAWAL 10 LACTATIONAL AMENORRHEA METHOD 11 OTHER _____ 96 (SPECIFY)	→324 →318 →323 →324
314A	CIRCLE '07' FOR FEMALE STERILIZATION.		
315A	At the time you first started using the pill, did you consult a doctor, nurse, midwife, or a pharmacist?	YES 1 NO 2	
315B	At the time you last got the pills, did you consult a doctor, nurse, midwife, or pharmacist?	YES 1 NO 2	
315C	May I see the package of pills you are using now? RECORD NAME OF BRAND. _____ (NAME OF BRAND)	PACKAGE SEEN 1 BRAND NAME <input type="text"/> PACKAGE NOT SEEN 2	→317
316	Do you know the brand name of the pills you are using now? RECORD NAME OF BRAND. _____ (NAME OF BRAND)	BRAND NAME <input type="text"/> DON'T KNOW 98	
317	How much did you pay for the pills the last time you got them?	CEDIS <input type="text"/> FREE 9996 DON'T KNOW 9998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317A	How many cycles of pills did you get the last time?	NUMBER OF CYCLES <input type="text"/> DON'T KNOW 8	
317B	Have you experienced any side effects from the use of the pill?	YES 1 NO 2	→324
317C	What side effects have you experienced? CIRCLE ALL MENTIONED.	DIZZINESS A WEIGHT GAIN B HEADACHES C EXCESSIVE BLEEDING D IRREGULAR CYCLE E PAINFUL PERIOD/CRAMPS F PALPITATION/IRREGULAR HEART BEAT G OTHER _____ H (SPECIFY)	→324
318	Where did the sterilization take place? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GVT. HOSPITAL/POLYCLINIC .. 11 GVT. HEALTH CENTRE 12 FAMILY PLANNING CLINIC 13 MOBILE CLINIC 14 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE SECTOR HOSPITAL/CLINIC 21 MOBILE CLINIC 25 FP/PPAG CLINIC 27 MATERNITY HOME 28 OTHER PRIVATE _____ 29 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
319	Do you regret that (you/your husband/partner) had the operation not to have any (more) children?	YES 1 NO 2	→321
320	Why do you regret the operation?	RESPONDENT WANTS ANOTHER CHILD 01 SPOUSE WANTS ANOTHER CHILD 02 SIDE EFFECTS 03 CHILD DIED 04 OTHER _____ 96 (SPECIFY)	
321	In what month and year was the sterilization performed? IF DON'T KNOW YEAR PROBE: How many years ago?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→325
321A	How old were you at the time of sterilization?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	→325
323	How do you determine which days of your monthly cycle not to have sexual relations?	BASED ON CALENDAR 01 BASED ON BODY TEMPERATURE . 02 BASED ON CERVICAL MUCUS (BILLINGS METHOD) 03 BASED ON BODY TEMPERATURE AND CERVICAL MUCUS 04 NO SPECIFIC SYSTEM 05 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	For how many months have you been using (METHOD) continuously? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> 8 YEARS OR LONGER 96	
325	CHECK 314: CIRCLE METHOD CODE:	PILL 01 IUD 02 INJECTIONS 03 NORPLANT 04 DIAPHRAGM/FOAM/JELLY 05 CONDOM 06 FEMALE STERILIZATION 07 MALE STERILIZATION 08 → 327A PERIODIC ABSTINENCE 09 WITHDRAWAL 10 → 330 LACTATIONAL AMENORRHEA METHOD 11 → 326A OTHER _____ 96 → 330 (SPECIFY)	
326	Where did you obtain (METHOD) the last time?	PUBLIC SECTOR GVT. HOSPITAL/POLYCLINIC .. 11 GVT. HEALTH CENTRE 12 FAMILY PLANNING CLINIC 13 MOBILE CLINIC 14 FIELD WORKER 15 → 327 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE SECTOR HOSPITAL/CLINIC 21 PHARMACY 22 CHEMIST 23 DRUG STORE 24 MOBILE CLINIC 25 FIELD WORKER 26 → 327 FP/PPAG CLINIC 27 MATERNITY HOME 28 OTHER PRIVATE _____ 29 (SPECIFY) OTHER SOURCE CHURCH 31 SHOP 32 FRIEND/RELATIVE 33 OTHER _____ 36 → 327 (SPECIFY)	
326A	Where did you learn how to use the Lactational Amenorrhea Method? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)		
326B	How long does it usually take to travel from your home to this place?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
326C	Is it easy or difficult to get there?	EASY 1 DIFFICULT 2 DON'T KNOW 8	
327	Do you know another place where you could have obtained (METHOD) the last time?	YES 1 NO 2 → 401	
327A	At the time of the sterilization operation, did you know another place where you could have received the operation?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
328	<p>People select the place where they get family planning services for various reasons.</p> <p>What was the <u>main</u> reason you went to (NAME OF PLACE IN Q.326 or Q.318) instead of the other place you know about?</p> <p>RECORD RESPONSE AND CIRCLE CODE.</p> <p>_____</p>	<p>ACCESS-RELATED REASONS</p> <p>CLOSER TO HOME 11</p> <p>CLOSER TO MARKET/WORK .. 12</p> <p>AVAILABILITY OF TRANSPORT . 13</p> <p>SERVICE-RELATED REASONS</p> <p>STAFF MORE COMPETENT/ FRIENDLY 21</p> <p>CLEANER FACILITY 22</p> <p>OFFERS MORE PRIVACY 23</p> <p>SHORTER WAITING TIME 24</p> <p>LONGER HRS OF SERVICE 25</p> <p>USE OTHER SERVICES AT THE FACILITY 26</p> <p>LOWER COST/CHEAPER 31</p> <p>WANTED ANONYMITY 41</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→401</p>
329	<p>What was the last method of family planning you or your husband/partner used?</p>	<p>PILL 01</p> <p>IUD 02</p> <p>INJECTIONS 03</p> <p>NORPLANT 04</p> <p>DIAPHRAGM/FOAM/JELLY 05</p> <p>CONDOM 06</p> <p>FEMALE STERILIZATION 07</p> <p>MALE STERILIZATION 08</p> <p>PERIODIC ABSTINENCE 09</p> <p>WITHDRAWAL 10</p> <p>LACTATIONAL AMENORRHEA METHOD 11</p> <p>OTHER _____ 96 (SPECIFY)</p>	
329A	<p>For how many months did you use the method continuously?</p>	<p></p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
329B	<p>What is the <u>main</u> reason you are not using a method of contraception to avoid pregnancy?</p>	<p>FERTILITY-RELATED REASONS NOT HAVING SEX 21 INFREQUENT SEX 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 POSTPARTUM/BREASTFEEDING 25 WANTS (MORE) CHILDREN 26 PREGNANT 27</p> <p>OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34</p> <p>LACK OF KNOWLEDGE KNOWS NO METHOD 41 →401 KNOWS NO SOURCE 42</p> <p>METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR ... 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NATURAL PROCESS 56</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	
330	<p>Do you know of <u>a</u> place where you can obtain a method of family planning?</p>	<p>YES 1 NO 2 →401</p>	
331	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR GVT. HOSPITAL/POLYCLINIC .. 11 GVT. HEALTH CENTRE 12 FAMILY PLANNING CLINIC 13 MOBILE CLINIC 14 FIELD WORKER 15</p> <p>OTHER PUBLIC _____ 16 (SPECIFY)</p> <p>PRIVATE SECTOR HOSPITAL/CLINIC 21 PHARMACY 22 CHEMIST 23 DRUG STORE 24 MOBILE CLINIC 25 FIELD WORKER 26 FP/PPAG CLINIC 27 MATERNITY HOME 28</p> <p>OTHER PRIVATE _____ 29 (SPECIFY)</p> <p>OTHER SOURCE CHURCH 31 SHOP 32 FRIEND/RELATIVE 33</p> <p>OTHER _____ 36 (SPECIFY)</p>	

SECTION 4A. PREGNANCY AND BREASTFEEDING

401	CHECK 233: ONE OR MORE PREGNANCIES SINCE JANUARY 1993 <input type="checkbox"/> NO PREGNANCIES SINCE JANUARY 1993 OR Q.233 IS BLANK <input type="checkbox"/> → SKIP TO 465								
402	ENTER THE PREGNANCY LINE NUMBER, NAME (IF LIVE BIRTH), AND SURVIVAL STATUS (IF LIVE BIRTH) OF EACH PREGNANCY SINCE JANUARY 1993 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE PREGNANCIES. BEGIN WITH THE LAST PREGNANCY. (IF THERE ARE MORE THAN 3 PREGNANCIES, USE ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about all your pregnancies in the last five years. We will talk about each separately.								
403	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;"></th> <th style="width:25%;">LAST PREGNANCY</th> <th style="width:25%;">NEXT-TO-LAST PREGNANCY</th> <th style="width:25%;">SECOND-FROM-LAST PREGNANCY</th> </tr> </thead> <tbody> <tr> <td>LINE NUMBER FROM Q214</td> <td>LINE NUMBER <input type="text"/> <input type="text"/></td> <td>LINE NUMBER <input type="text"/> <input type="text"/></td> <td>LINE NUMBER <input type="text"/> <input type="text"/></td> </tr> </tbody> </table>		LAST PREGNANCY	NEXT-TO-LAST PREGNANCY	SECOND-FROM-LAST PREGNANCY	LINE NUMBER FROM Q214	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
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408B	During this pregnancy, did you have any of the following performed at least once during any of your antenatal visits? Weight measured? Height measured? Blood pressure measured? Urine tested? Blood tested?	<table> <tr><td></td><td>YES</td><td>NO</td></tr> <tr><td>WEIGHT MEASURED</td><td>1</td><td>2</td></tr> <tr><td>HEIGHT MEASURED</td><td>1</td><td>2</td></tr> <tr><td>BLOOD PRESSURE MEAS. . .</td><td>1</td><td>2</td></tr> <tr><td>URINE TESTED</td><td>1</td><td>2</td></tr> <tr><td>BLOOD TESTED</td><td>1</td><td>2</td></tr> </table>		YES	NO	WEIGHT MEASURED	1	2	HEIGHT MEASURED	1	2	BLOOD PRESSURE MEAS. . .	1	2	URINE TESTED	1	2	BLOOD TESTED	1	2	<table> <tr><td></td><td>YES</td><td>NO</td></tr> <tr><td>WEIGHT MEASURED</td><td>1</td><td>2</td></tr> <tr><td>HEIGHT MEASURED</td><td>1</td><td>2</td></tr> <tr><td>BLOOD PRESSURE MEAS. . .</td><td>1</td><td>2</td></tr> <tr><td>URINE TESTED</td><td>1</td><td>2</td></tr> <tr><td>BLOOD TESTED</td><td>1</td><td>2</td></tr> </table>		YES	NO	WEIGHT MEASURED	1	2	HEIGHT MEASURED	1	2	BLOOD PRESSURE MEAS. . .	1	2	URINE TESTED	1	2	BLOOD TESTED	1	2	<table> <tr><td></td><td>YES</td><td>NO</td></tr> <tr><td>WEIGHT MEASURED</td><td>1</td><td>2</td></tr> <tr><td>HEIGHT MEASURED</td><td>1</td><td>2</td></tr> <tr><td>BLOOD PRESSURE MEAS. . .</td><td>1</td><td>2</td></tr> <tr><td>URINE TESTED</td><td>1</td><td>2</td></tr> <tr><td>BLOOD TESTED</td><td>1</td><td>2</td></tr> </table>		YES	NO	WEIGHT MEASURED	1	2	HEIGHT MEASURED	1	2	BLOOD PRESSURE MEAS. . .	1	2	URINE TESTED	1	2	BLOOD TESTED	1	2
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URINE TESTED	1	2																																																								
BLOOD TESTED	1	2																																																								
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES <input type="text"/> DON'T KNOW 98	NO. OF TIMES <input type="text"/> DON'T KNOW 98	NO. OF TIMES <input type="text"/> DON'T KNOW 98																																																						
410	When you were pregnant (with NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 412A) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 412A) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 412A) ← DON'T KNOW 8																																																						
411	During this pregnancy, how many times did you get this injection?	NO. OF TIMES <input type="text"/> DON'T KNOW 8	NO. OF TIMES <input type="text"/> DON'T KNOW 8	NO. OF TIMES <input type="text"/> DON'T KNOW 8																																																						
412A	When you were pregnant (with NAME) did you receive any iron tablets? SHOW IRON TABLETS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8																																																						
412B	When you were pregnant (with NAME) did you receive folic/folate acid tablets? SHOW FOLIC/FOLATE ACID TABLETS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8																																																						
		IF LIVE BIRTH CONTINUE WITH Q.413, IF OTHER PREGNANCY, GO BACK TO Q.405 IN NEXT COLUMN; OR IF NO MORE PREGNANCIES, GO TO Q.439.	IF LIVE BIRTH CONTINUE WITH Q.413, IF OTHER PREGNANCY, GO BACK TO Q.405 IN NEXT COLUMN; OR IF NO MORE PREGNANCIES, GO TO Q.439.	IF LIVE BIRTH CONTINUE WITH Q.413, IF OTHER PREGNANCY, GO BACK TO Q.405 IN NEXT COLUMN; OR IF NO MORE PREGNANCIES, GO TO Q.439.																																																						
413	Where did you go to give birth to (NAME)?	HOME RESP. HOME 11 TBA'S HOME 12 OTHER HOME 13 PUBLIC SECTOR GVT. HOSPITAL/CLINIC .. 21 GVT. HEALTH CENTRE .. 22 GVT. HEALTH POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE SECTOR HOSPITAL/CLINIC 31 MATERNITY HOME 32 OTHER PRIVATE _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	HOME RESP. HOME 11 TBA'S HOME 12 OTHER HOME 13 PUBLIC SECTOR GVT. HOSPITAL/CLINIC .. 21 GVT. HEALTH CENTRE .. 22 GVT. HEALTH POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE SECTOR HOSPITAL/CLINIC 31 MATERNITY HOME 32 OTHER PRIVATE _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	HOME RESP. HOME 11 TBA'S HOME 12 OTHER HOME 13 PUBLIC SECTOR GVT. HOSPITAL/CLINIC .. 21 GVT. HEALTH CENTRE .. 22 GVT. HEALTH POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE SECTOR HOSPITAL/CLINIC 31 MATERNITY HOME 32 OTHER PRIVATE _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)																																																						

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414	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSONS AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR A NURSE B MIDWIFE C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT D UNTRAINED TRADITIONAL BIRTH ATTENDANT E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE B MIDWIFE C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT D UNTRAINED TRADITIONAL BIRTH ATTENDANT E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE B MIDWIFE C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT D UNTRAINED TRADITIONAL BIRTH ATTENDANT E OTHER _____ X (SPECIFY) NO ONE Y
415	How was (NAME) delivered: normal, caesarian, or other?	NORMAL 1 CAESARIAN 2 OTHER _____ 3 (SPECIFY) DON'T KNOW 8	NORMAL 1 CAESARIAN 2 OTHER _____ 3 (SPECIFY) DON'T KNOW 8	NORMAL 1 CAESARIAN 2 OTHER _____ 3 (SPECIFY) DON'T KNOW 8
416	When (NAME) was born, was he/she: very large, large, average, small, or very small?	VERY LARGE 1 LARGE 2 AVERAGE 3 SMALL 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGE 2 AVERAGE 3 SMALL 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGE 2 AVERAGE 3 SMALL 4 VERY SMALL 5 DON'T KNOW 8
417	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 417B) ← _____	YES 1 NO 2 (SKIP TO 417B) ← _____	YES 1 NO 2 (SKIP TO 417B) ← _____
417A	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	KILOGRAM FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> KILOGRAM FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	KILOGRAM FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> KILOGRAM FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	KILOGRAM FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> KILOGRAM FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998
417B	In the six weeks after (NAME) was born, did anyone, check on your health or the health of your baby?	YES 1 NO 2 (SKIP TO 417G) ← _____	YES 1 NO 2 (SKIP TO 417G) ← _____	YES 1 NO 2 (SKIP TO 417G) ← _____
417C	How many days or weeks after the delivery did the first visit take place? RECORD '00' DAYS IF SAME DAY.	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> DON'T KNOW 98	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> DON'T KNOW 98	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> DON'T KNOW 98
417D	Who checked on your health or the health of your baby at that time? Anyone else? PROBE FOR THE TYPE OF PERSONS AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR A NURSE B MIDWIFE C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT D UNTRAINED TRADITIONAL BIRTH ATTENDANT E OTHER _____ X (SPECIFY)	HEALTH PROFESSIONAL DOCTOR A NURSE B MIDWIFE C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT D UNTRAINED TRADITIONAL BIRTH ATTENDANT E OTHER _____ X (SPECIFY)	HEALTH PROFESSIONAL DOCTOR A NURSE B MIDWIFE C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT D UNTRAINED TRADITIONAL BIRTH ATTENDANT E OTHER _____ X (SPECIFY)

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417E	Where did this first check-up take place?	HOME RESP. HOME 11 TBA'S HOME 12 OTHER HOME 13 PUBLIC SECTOR GVT. HOSPITAL/CLINIC . . 21 GVT. HEALTH CENTRE . . 22 GVT. HEALTH POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE SECTOR HOSPITAL/CLINIC 31 MATERNITY HOME 32 OTHER PRIVATE _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	HOME RESP. HOME 11 TBA'S HOME 12 OTHER HOME 13 PUBLIC SECTOR GVT. HOSPITAL/CLINIC . . 21 GVT. HEALTH CENTRE . . 22 GVT. HEALTH POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE SECTOR HOSPITAL/CLINIC 31 MATERNITY HOME 32 OTHER PRIVATE _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	HOME RESP. HOME 11 TBA'S HOME 12 OTHER HOME 13 PUBLIC SECTOR GVT. HOSPITAL/CLINIC . . 21 GVT. HEALTH CENTRE . . 22 GVT. HEALTH POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE SECTOR HOSPITAL/CLINIC 31 MATERNITY HOME 32 OTHER PRIVATE _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)																																																																								
417F	During this visit, did the health worker give you advice about any of the following?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>New-born care?</td> <td>NEW-BORN CARE 1</td> <td>2</td> </tr> <tr> <td>Breastfeeding?</td> <td>BREASTFEEDING 1</td> <td>2</td> </tr> <tr> <td>Complementary feeding?</td> <td>COMPL. FEEDING. 1</td> <td>2</td> </tr> <tr> <td>Vitamins?</td> <td>VITAMINS 1</td> <td>2</td> </tr> <tr> <td>Immunizations?</td> <td>IMMUNIZATIONS 1</td> <td>2</td> </tr> <tr> <td>Delivery complications?</td> <td>DELV. COMPLICATIONS 1</td> <td>2</td> </tr> <tr> <td>Family planning?</td> <td>FAMILY PLANNING 1</td> <td>2</td> </tr> </table>		YES	NO	New-born care?	NEW-BORN CARE 1	2	Breastfeeding?	BREASTFEEDING 1	2	Complementary feeding?	COMPL. FEEDING. 1	2	Vitamins?	VITAMINS 1	2	Immunizations?	IMMUNIZATIONS 1	2	Delivery complications?	DELV. COMPLICATIONS 1	2	Family planning?	FAMILY PLANNING 1	2	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>New-born care?</td> <td>NEW-BORN CARE 1</td> <td>2</td> </tr> <tr> <td>Breastfeeding?</td> <td>BREASTFEEDING 1</td> <td>2</td> </tr> <tr> <td>Complementary feeding?</td> <td>COMPL. FEEDING. 1</td> <td>2</td> </tr> <tr> <td>Vitamins?</td> <td>VITAMINS 1</td> <td>2</td> </tr> <tr> <td>Immunizations?</td> <td>IMMUNIZATIONS 1</td> <td>2</td> </tr> <tr> <td>Delivery complications?</td> <td>DELV. COMPLICATIONS 1</td> <td>2</td> </tr> <tr> <td>Family planning?</td> <td>FAMILY PLANNING 1</td> <td>2</td> </tr> </table>		YES	NO	New-born care?	NEW-BORN CARE 1	2	Breastfeeding?	BREASTFEEDING 1	2	Complementary feeding?	COMPL. FEEDING. 1	2	Vitamins?	VITAMINS 1	2	Immunizations?	IMMUNIZATIONS 1	2	Delivery complications?	DELV. COMPLICATIONS 1	2	Family planning?	FAMILY PLANNING 1	2	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>New-born care?</td> <td>NEW-BORN CARE 1</td> <td>2</td> </tr> <tr> <td>Breastfeeding?</td> <td>BREASTFEEDING 1</td> <td>2</td> </tr> <tr> <td>Complementary feeding?</td> <td>COMPL. FEEDING. 1</td> <td>2</td> </tr> <tr> <td>Vitamins?</td> <td>VITAMINS 1</td> <td>2</td> </tr> <tr> <td>Immunizations?</td> <td>IMMUNIZATIONS 1</td> <td>2</td> </tr> <tr> <td>Delivery complications?</td> <td>DELV. COMPLICATIONS 1</td> <td>2</td> </tr> <tr> <td>Family planning?</td> <td>FAMILY PLANNING 1</td> <td>2</td> </tr> </table>		YES	NO	New-born care?	NEW-BORN CARE 1	2	Breastfeeding?	BREASTFEEDING 1	2	Complementary feeding?	COMPL. FEEDING. 1	2	Vitamins?	VITAMINS 1	2	Immunizations?	IMMUNIZATIONS 1	2	Delivery complications?	DELV. COMPLICATIONS 1	2	Family planning?	FAMILY PLANNING 1	2
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417G	Did you receive Vitamin A capsules within six weeks following the delivery of (NAME)? SHOW VITAMIN A CAPSULE.	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2																																																																								
418	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 420) ← _____ NO 2 (SKIP TO 421) ← _____																																																																										
419	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 423) ← _____	YES 1 NO 2 (SKIP TO 423) ← _____																																																																								
420	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98																																																																								
421	CHECK 234: RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/> NANT <input type="checkbox"/> OR UNSURE <input type="checkbox"/> (SKIP TO 423) ← _____																																																																										
422	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 424) ← _____																																																																										
423	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98																																																																								
424	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 425) ← _____ NO 2	YES 1 (SKIP TO 425) ← _____ NO 2	YES 1 (SKIP TO 425) ← _____ NO 2																																																																								

		LAST PREGNANCY	NEXT-TO-LAST PREGNANCY	SECOND-FROM-LAST PREGNANCY
	LINE NUMBER FROM Q214	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
424A	Why did you not breastfeed (NAME)?	MOTHER ILL/WEAK 01 CHILD ILL/WEAK 02 CHILD DIED 03 NIPPLE/BREAST PROBLEM 04 INSUFFICIENT MILK 05 MOTHER WORKING 06 CHILD REFUSED 07 OTHER _____ 96 (SPECIFY) (SKIP TO 430) ←	MOTHER ILL/WEAK 01 CHILD ILL/WEAK 02 CHILD DIED 03 NIPPLE/BREAST PROBLEM 04 INSUFFICIENT MILK 05 MOTHER WORKING 06 CHILD REFUSED 07 OTHER _____ 96 (SPECIFY) (SKIP TO 430) ←	MOTHER ILL/WEAK 01 CHILD ILL/WEAK 02 CHILD DIED 03 NIPPLE/BREAST PROBLEM 04 INSUFFICIENT MILK 05 MOTHER WORKING 06 CHILD REFUSED 07 OTHER _____ 96 (SPECIFY) (SKIP TO 430) ←
425	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00" HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>
426	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 428) ←		
427	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 431) ← NO 2		
428	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
429	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK 01 CHILD ILL/WEAK 02 CHILD DIED 03 NIPPLE/BREAST PROBLEM . 04 NOT ENOUGH MILK 05 MOTHER WORKING 06 CHILD REFUSED 07 WEANING AGE 08 BECAME PREGNANT 09 STARTED USING CONTRACEPTION 10 OTHER _____ 96 (SPECIFY)	MOTHER ILL/WEAK 01 CHILD ILL/WEAK 02 CHILD DIED 03 NIPPLE/BREAST PROBLEM . 04 NOT ENOUGH MILK 05 MOTHER WORKING 06 CHILD REFUSED 07 WEANING AGE 08 BECAME PREGNANT 09 STARTED USING CONTRACEPTION 10 OTHER _____ 96 (SPECIFY)	MOTHER ILL/WEAK 01 CHILD ILL/WEAK 02 CHILD DIED 03 NIPPLE/BREAST PROBLEM . 04 NOT ENOUGH MILK 05 MOTHER WORKING 06 CHILD REFUSED 07 WEANING AGE 08 BECAME PREGNANT 09 STARTED USING CONTRACEPTION 10 OTHER _____ 96 (SPECIFY)
430	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 433) (GO BACK TO 405 IN NEXT COL. OR, IF NO MORE BIRTHS, GO TO 439)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 433) (GO BACK TO 405 IN NEXT COL. OR, IF NO MORE BIRTHS, GO TO 439)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 433) (GO BACK TO 405 IN NEXT COL. OR, IF NO MORE BIRTHS, GO TO 439)
431	How many times did you breastfeed (NAME) last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>		
432	How many times did you breastfeed (NAME) yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>		




		LAST PREGNANCY	NEXT-TO-LAST PREGNANCY	SECOND-FROM-LAST PREGNANCY
	LINE NUMBER FROM Q214	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
433	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
434	At any time yesterday or last night, was (NAME) given any of the following:	YES NO DK	YES NO DK	YES NO DK
	Plain water?	PLAIN WATER 1 2 8	PLAIN WATER 1 2 8	PLAIN WATER 1 2 8
	Sugar water?	SUGAR WATER 1 2 8	SUGAR WATER 1 2 8	SUGAR WATER 1 2 8
	Juice?	JUICE 1 2 8	JUICE 1 2 8	JUICE 1 2 8
	Baby formula?	BABY FORMULA 1 2 8	BABY FORMULA 1 2 8	BABY FORMULA 1 2 8
	Tinned/powdered/fresh milk?	TINNED/POWDERED FRESH MILK 1 2 8	TINNED/POWDERED FRESH MILK 1 2 8	TINNED/POWDERED FRESH MILK 1 2 8
	Any other liquid?	OTHER LIQUIDS 1 2 8	OTHER LIQUIDS 1 2 8	OTHER LIQUIDS 1 2 8
	Any solid or mushy food made from maize, rice, yam, weanimix, mpotompoto, or other grain/tuber?	FOOD MADE FROM GRAIN/TUBER ... 1 2 8	FOOD MADE FROM GRAIN/TUBER ... 1 2 8	FOOD MADE FROM GRAIN/TUBER ... 1 2 8
	Eggs, fish or poultry?	EGGS/FISH/POULTRY 1 2 8	EGGS/FISH/POULTRY 1 2 8	EGGS/FISH/POULTRY 1 2 8
	Meat?	MEAT 1 2 8	MEAT 1 2 8	MEAT 1 2 8
	Any other solid or semi-solid foods?	OTHER SOLID/SEMI-SOLID FOODS ... 1 2 8	OTHER SOLID/SEMI-SOLID FOODS ... 1 2 8	OTHER SOLID/SEMI-SOLID FOODS ... 1 2 8
435	CHECK 434: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE/MORE <input type="checkbox"/> "NO/DK" TO ALL <input type="checkbox"/> (SKIP TO 439)	"YES" TO ONE/MORE <input type="checkbox"/> "NO/DK" TO ALL <input type="checkbox"/> (SKIP TO 439)	"YES" TO ONE/MORE <input type="checkbox"/> "NO/DK" TO ALL <input type="checkbox"/> (SKIP TO 439)
436	(Apart from breastfeeding,) how many times did (NAME) eat yesterday, including both meals and snacks? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8
438		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 439.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 439.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 439.

SECTION 4B. IMMUNIZATION AND HEALTH

439	CHECK 233A: ONE OR MORE LIVING CHILDREN BORN SINCE JANUARY 1993	<input type="checkbox"/> NO LIVING CHILDREN BORN SINCE JANUARY 1993	<input type="checkbox"/> → SKIP TO 465	
439A ENTER THE LINE NUMBER AND NAME OF EACH LIVING CHILD BORN SINCE JANUARY 1993 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE CHILDREN. BEGIN WITH THE YOUNGEST CHILD. (IF THERE ARE MORE THAN 3 LIVING CHILDREN, USE ADDITIONAL QUESTIONNAIRES).				
440	LINE NUMBER FROM Q214	YOUNGEST LIVING CHILD LINE NUMBER <input type="text"/>	NEXT-TO-YOUNGEST LIVING CHILD LINE NUMBER <input type="text"/>	SECOND-FROM-YOUNGEST LIVING CHILD LINE NUMBER <input type="text"/>
441	NAME FROM Q218	NAME _____	NAME _____	NAME _____
442	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 444) ← <input type="text"/> YES, NOT SEEN 2 (SKIP TO 446) ← <input type="text"/> NO CARD 3	YES, SEEN 1 (SKIP TO 444) ← <input type="text"/> YES, NOT SEEN 2 (SKIP TO 446) ← <input type="text"/> NO CARD 3	YES, SEEN 1 (SKIP TO 444) ← <input type="text"/> YES, NOT SEEN 2 (SKIP TO 446) ← <input type="text"/> NO CARD 3
443	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 446) ← <input type="text"/> NO 2	YES 1 (SKIP TO 446) ← <input type="text"/> NO 2	YES 1 (SKIP TO 446) ← <input type="text"/> NO 2
444	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. BCG Polio 0 Polio 1 Polio 2 Polio 3 DPT 1 DPT 2 DPT 3 Measles Yellow Fever	DAY MONTH YEAR BCG P0 . P1 . P2 . P3 . D1 . D2 . D3 . MEA YEL	DAY MONTH YEAR BCG P0 . P1 . P2 . P3 . D1 . D2 . D3 . MEA YEL	DAY MONTH YEAR BCG P0 . P1 . P2 . P3 . D1 . D2 . D3 . MEA YEL
445	Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, MEASLES AND/OR YELLOW FEVER VACCINE(S).	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 444) ← <input type="text"/> (SKIP TO 448) ← <input type="text"/> NO 2 (SKIP TO 448) ← <input type="text"/> DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 444) ← <input type="text"/> (SKIP TO 448) ← <input type="text"/> NO 2 (SKIP TO 448) ← <input type="text"/> DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 444) ← <input type="text"/> (SKIP TO 448) ← <input type="text"/> NO 2 (SKIP TO 448) ← <input type="text"/> DON'T KNOW 8
446	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES 1 NO 2 (SKIP TO 448) ← <input type="text"/> DON'T KNOW 8	YES 1 NO 2 (SKIP TO 448) ← <input type="text"/> DON'T KNOW 8	YES 1 NO 2 (SKIP TO 448) ← <input type="text"/> DON'T KNOW 8

	NAME FROM Q218	YOUNGEST LIVING CHILD NAME _____	NEXT-TO-YOUNGEST LIVING CHILD NAME _____	SECOND-FROM-YOUNGEST LIVING CHILD NAME _____
447	Please tell me if (NAME) received any of the following:			
447A	A BCG vaccination against tuberculosis, that is, an injection in the arm that caused a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
447B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 447E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 447E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 447E) ← DON'T KNOW 8
447C	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES ... <input type="text"/>	NUMBER OF TIMES <input type="text"/>
447D	When was the first polio vaccine given, just after birth or later?	JUST AFTER BIRTH 1 LATER 2	JUST AFTER BIRTH 1 LATER 2	JUST AFTER BIRTH 1 LATER 2
447E	DPT vaccination, that is, an injection usually given at the same time as polio drops?	YES 1 NO 2 (SKIP TO 447G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 447G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 447G) ← DON'T KNOW 8
447F	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES ... <input type="text"/>	NUMBER OF TIMES <input type="text"/>
447G	An injection to prevent measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
447H	An injection to prevent yellow fever?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
448	During the last 6 months has (NAME) received Vitamin A capsules? SHOW VITAMIN A CAPSULE.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
448A	At any time in the last 6 months did (NAME) receive any health related home visits?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
449	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 450) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 450) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 450) ← DON'T KNOW 8
449A	Was anything given or done to treat the fever?	YES 1 NO 2 (SKIP TO 450) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 450) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 450) ← DON'T KNOW 8
449B	What was given or done to treat the fever? Anything else? RECORD ALL MENTIONED.	INJECTION A ANTIBIOTIC (PILL OR SYRUP) B ANTIMALARIAL (PILL OR SYRUP) C COUGH SYRUP D OTHER PILL OR SYRUP E UNKNOWN PILL OR SYRUP .. F HOME REMEDY/ HERBAL MEDICINE G SPONGING H OTHER _____ X (SPECIFY)	INJECTION A ANTIBIOTIC (PILL OR SYRUP) B ANTIMALARIAL (PILL OR SYRUP) C COUGH SYRUP D OTHER PILL OR SYRUP ... E UNKNOWN PILL OR SYRUP F HOME REMEDY/ HERBAL MEDICINE G SPONGING H OTHER _____ X (SPECIFY)	INJECTION A ANTIBIOTIC (PILL OR SYRUP) B ANTIMALARIAL (PILL OR SYRUP) C COUGH SYRUP D OTHER PILL OR SYRUP E UNKNOWN PILL OR SYRUP F HOME REMEDY/ HERBAL MEDICINE G SPONGING H OTHER _____ X (SPECIFY)
449C	Did you seek advice or treatment for the fever?	YES 1 NO 2 (SKIP TO 450) ←	YES 1 NO 2 (SKIP TO 450) ←	YES 1 NO 2 (SKIP TO 450) ←

	NAME FROM Q218	YOUNGEST LIVING CHILD NAME _____	NEXT-TO-YOUNGEST LIVING CHILD NAME _____	SECOND-FROM-YOUNGEST LIVING CHILD NAME _____
449D	Where did you seek advice or treatment? Anywhere else? PROBE FOR ALL THAT IS MENTIONED. RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL/CLINIC A GVT. HEALTH CENTRE B GVT. HEALTH POST C MOBILE CLINIC D COMM. HEALTH WORKER . . . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE SECTOR HOSPITAL G PHARMACY/DRUGSTORE/ CHEMIST H CLINIC I MOBILE CLINIC J COMM. HEALTH WORKER . . . K OTHER PRIVATE _____ L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER N DRUG PEDDLER O OTHER _____ X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL/CLINIC . . . A GVT. HEALTH CENTRE . . . B GVT. HEALTH POST C MOBILE CLINIC D COMM. HEALTH WORKER E OTHER PUBLIC _____ F (SPECIFY) PRIVATE SECTOR HOSPITAL G PHARMACY/DRUGSTORE/ CHEMIST H CLINIC I MOBILE CLINIC J COMM. HEALTH WORKER K OTHER PRIVATE _____ L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER . . . N DRUG PEDDLER O OTHER _____ X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL/CLINIC . . . A GVT. HEALTH CENTRE . . . B GVT. HEALTH POST C MOBILE CLINIC D COMM. HEALTH WORKER E OTHER PUBLIC _____ F (SPECIFY) PRIVATE SECTOR HOSPITAL G PHARMACY/DRUGSTORE/ CHEMIST H CLINIC I MOBILE CLINIC J COMM. HEALTH WORKER K OTHER PRIVATE _____ L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER . . . N DRUG PEDDLER O OTHER _____ X (SPECIFY)
450	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 454)← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 454)← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 454)← DON'T KNOW 8
451	When (NAME) was ill with a cough, did he/she breathe faster than usual with short, fast breaths?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
451A	Was anything given to treat the cough?	YES 1 NO 2 (SKIP TO 454)← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 454)← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 454)← DON'T KNOW 8
451B	What was given to treat the cough?	INJECTION A ANTIBIOTIC (PILL OR SYRUP) B ANTIMALARIAL (PILL OR SYRUP) C COUGH SYRUP D OTHER PILL OR SYRUP E UNKNOWN PILL OR SYRUP . . F HOME REMEDY/ HERBAL MEDICINE G OTHER _____ H (SPECIFY)	INJECTION A ANTIBIOTIC (PILL OR SYRUP) B ANTIMALARIAL (PILL OR SYRUP) C COUGH SYRUP D OTHER PILL OR SYRUP E UNKNOWN PILL OR SYRUP F HOME REMEDY/ HERBAL MEDICINE G OTHER _____ H (SPECIFY)	INJECTION A ANTIBIOTIC (PILL OR SYRUP) B ANTIMALARIAL (PILL OR SYRUP) C COUGH SYRUP D OTHER PILL OR SYRUP E UNKNOWN PILL OR SYRUP F HOME REMEDY/ HERBAL MEDICINE G OTHER _____ H (SPECIFY)
452	Did you seek advice or treatment for the cough or difficult breathing?	YES 1 NO 2 (SKIP TO 454)←	YES 1 NO 2 (SKIP TO 454)←	YES 1 NO 2 (SKIP TO 454)←

	NAME FROM Q218	YOUNGEST LIVING CHILD NAME _____	NEXT-TO-YOUNGEST LIVING CHILD NAME _____	SECOND-FROM-YOUNGEST LIVING CHILD NAME _____
453	Where did you seek advice or treatment? Anywhere else? PROBE FOR ALL THAT IS MENTIONED. RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL/CLINIC A GVT. HEALTH CENTRE B GVT. HEALTH POST C MOBILE CLINIC D COMM. HEALTH WORKER . . . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE SECTOR HOSPITAL G PHARMACY/DRUGST/ CHEMIST H CLINIC I MOBILE CLINIC J COMM. HEALTH WORKER . . K OTHER PRIVATE _____ L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER N DRUG PEDDLER O OTHER _____ X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL/CLINIC . . . A GVT. HEALTH CENTRE . . . B GVT. HEALTH POST C MOBILE CLINIC D COMM. HEALTH WORKER E OTHER PUBLIC _____ F (SPECIFY) PRIVATE SECTOR HOSPITAL G PHARMACY/DRUGST/ CHEMIST H CLINIC I MOBILE CLINIC J COMM. HEALTH WORKER K OTHER PRIVATE _____ L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER . . . N DRUG PEDDLER O OTHER _____ X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL/CLINIC . . . A GVT. HEALTH CENTRE . . . B GVT. HEALTH POST C MOBILE CLINIC D COMM. HEALTH WORKER E OTHER PUBLIC _____ F (SPECIFY) PRIVATE SECTOR HOSPITAL G PHARMACY/DRUGST/ CHEMIST H CLINIC I MOBILE CLINIC J COMM. HEALTH WORKER K OTHER PRIVATE _____ L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER . . . N DRUG PEDDLER O OTHER _____ X (SPECIFY)
454	Has (NAME) had diarrhoea , that is, loose or watery stool in the last 2 weeks?	YES 1 NO 2 (SKIP TO 464)← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 464)← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 464)← DON'T KNOW 8
455	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
456	On the worst day of the diarrhoea, how many bowel movements did (NAME) have?	NUMBER OF BOWEL MOVEMENTS  DON'T KNOW 98	NUMBER OF BOWEL MOVEMENTS  DON'T KNOW 98	NUMBER OF BOWEL MOVEMENTS  DON'T KNOW 98
457	Was he/she given the same amount to drink as before the diarrhoea, or more, or less?	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	SAME 1 MORE 2 LESS 3 DON'T KNOW 8
458	Was he/she given the same amount of food to eat as before the diarrhoea, or more, or less?	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	SAME 1 MORE 2 LESS 3 DON'T KNOW 8
460	Was anything given to treat the diarrhoea?	YES 1 NO 2 (SKIP TO 462)← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 462)← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 462)← DON'T KNOW 8
461	What was given to treat the diarrhoea? Anything else? RECORD ALL MENTIONED.	FLUID FROM ORS PACKET A RECOMMENDED HOME FLUID . . . B PILL OR SYRUP C INJECTION D (I.V.) INTRAVENOUS E SUGAR-SALT-WATER SOL. F HOME REMEDIES/ HERBAL MEDICINES G OTHER _____ X (SPECIFY)	FLUID FROM ORS PACKET A RECOMMENDED HOME FLUID . . B PILL OR SYRUP C INJECTION D (I.V.) INTRAVENOUS E SUGAR-SALT-WATER SOL. . . . F HOME REMEDIES/ HERBAL MEDICINES G OTHER _____ X (SPECIFY)	FLUID FROM ORS PACKET A RECOMMENDED HOME FLUID . . B PILL OR SYRUP C INJECTION D (I.V.) INTRAVENOUS E SUGAR-SALT-WATER SOL. . . . F HOME REMEDIES/ HERBAL MEDICINES G OTHER _____ X (SPECIFY)
462	Did you seek advice or treatment for the diarrhoea?	YES 1 NO 2 (SKIP TO 464)←	YES 1 NO 2 (SKIP TO 464)←	YES 1 NO 2 (SKIP TO 464)←

	NAME FROM Q218	YOUNGEST LIVING CHILD NAME _____	NEXT-TO-YOUNGEST LIVING CHILD NAME _____	SECOND-FROM-YOUNGEST LIVING CHILD NAME _____
463	Where did you seek advice or treatment? Anywhere else? PROBE FOR ALL THAT IS MENTIONED. RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL/CLINIC A GVT. HEALTH CENTRE B GVT. HEALTH POST C MOBILE CLINIC D COMM. HEALTH WORKER . . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE SECTOR HOSPITAL G PHARMACY/DRUGSTORE/ CHEMIST H CLINIC I MOBILE CLINIC J COMM. HEALTH WORKER . . K OTHER PRIVATE _____ L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER N DRUG PEDDLER O OTHER _____ X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL/CLINIC . . A GVT. HEALTH CENTRE . . . B GVT. HEALTH POST C MOBILE CLINIC D COMM. HEALTH WORKER E OTHER PUBLIC _____ F (SPECIFY) PRIVATE SECTOR HOSPITAL G PHARMACY/DRUGSTORE/ CHEMIST H CLINIC I MOBILE CLINIC J COMM. HEALTH WORKER K OTHER PRIVATE _____ L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER . . . N DRUG PEDDLER O OTHER _____ X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL/CLINIC . . A GVT. HEALTH CENTRE . . . B GVT. HEALTH POST C MOBILE CLINIC D COMM. HEALTH WORKER E OTHER PUBLIC _____ F (SPECIFY) PRIVATE SECTOR HOSPITAL G PHARMACY/DRUGSTORE/ CHEMIST H CLINIC I MOBILE CLINIC J COMM. HEALTH WORKER K OTHER PRIVATE _____ L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER . . . N DRUG PEDDLER O OTHER _____ X (SPECIFY)
464		GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.	GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.	GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.
465	When a child has diarrhoea, should he/she be given the same amount to drink, more or less than usual?		SAME 1 MORE 2 LESS 3 DON'T KNOW 8	
466	When a child has diarrhoea, should he/she be given the same amount to eat, more or less than usual?		SAME 1 MORE 2 LESS 3 DON'T KNOW 8	
467	When a child is sick with diarrhoea, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED.		REPEATED WATERY STOOLS A ANY WATERY STOOLS B REPEATED VOMITING C ANY VOMITING D BLOOD IN STOOLS E FEVER F MARKED THIRST G NOT EATING/NOT DRINKING WELL . H GETTING SICKER/VERY SICK I NOT GETTING BETTER J OTHER _____ X (SPECIFY) DON'T KNOW Z	
468	When a child is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED.		FAST BREATHING A DIFFICULT BREATHING B NOISY BREATHING C FEVER D CHEST IN DRAWING E UNABLE TO DRINK F NOT EATING/NOT DRINKING WELL . G GETTING SICKER/VERY SICK H NOT GETTING BETTER I OTHER _____ X (SPECIFY) DON'T KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
469	CHECK 461, ALL COLUMNS: NO CHILD RECEIVED ORS OR QUESTION NOT ASKED <input type="checkbox"/>	ANY CHILD RECEIVED <input type="checkbox"/> _____	→470B
470	Have you ever heard of a special product called ORS you can get for treatment of diarrhoea?	YES 1 NO 2	→470B
470A	Have you ever seen (a) packet(s) like this? SHOW ORS PACKETS LIKELY TO BE USED IN THE LOCALITY OF THE INTERVIEW.	YES 1 NO 2	→501
470B	Have you ever prepared the contents of a packet of ORS with water, either for yourself or for someone else?	YES 1 NO 2	→472
471A	Did you prepare the whole packet at once or only part of the packet?	WHOLE PACKET AT ONCE 1 ONLY PART OF PACKET 2	→472
471B	How much water did you mix with a packet of ORS?	1/2 LITER 01 1 LITER 02 1 1/2 LITER 03 1 BEER BOTTLE 04 FOLLOWED PACKAGE INSTRUCTIONS 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
472	Where can you buy or obtain a packet of ORS? PROBE: Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL/CLINIC A GVT. HEALTH CENTRE B GVT. HEALTH POST C MOBILE CLINIC D COMM. HEALTH WORKER E OTHER PUBLIC _____ F (SPECIFY) PRIVATE SECTOR HOSPITAL G PHARMACY/DRUG STORE/ CHEMIST H CLINIC I MOBILE CLINIC J COMM. HEALTH WORKER K OTHER PRIVATE _____ L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER N DRUG PEDDLER O OTHER _____ X (SPECIFY)	

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
501	PRESENCE OF OTHERS AT THIS POINT.	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>CHILDREN UNDER 10</td> <td align="center">..... 1</td> <td align="center">2</td> </tr> <tr> <td>HUSBAND/PARTNER</td> <td align="center">..... 1</td> <td align="center">2</td> </tr> <tr> <td>OTHER MALES</td> <td align="center">..... 1</td> <td align="center">2</td> </tr> <tr> <td>OTHER FEMALES</td> <td align="center">..... 1</td> <td align="center">2</td> </tr> </table>		YES	NO	CHILDREN UNDER 10 1	2	HUSBAND/PARTNER 1	2	OTHER MALES 1	2	OTHER FEMALES 1	2						
	YES	NO																					
CHILDREN UNDER 10 1	2																					
HUSBAND/PARTNER 1	2																					
OTHER MALES 1	2																					
OTHER FEMALES 1	2																					
502	Are you currently married or living with a man?	<table border="0"> <tr> <td>YES, CURRENTLY MARRIED</td> <td align="center">..... 1</td> </tr> <tr> <td>YES, LIVING WITH A MAN</td> <td align="center">..... 2</td> </tr> <tr> <td>NO, NOT IN UNION</td> <td align="center">..... 3</td> </tr> </table>	YES, CURRENTLY MARRIED 1	YES, LIVING WITH A MAN 2	NO, NOT IN UNION 3	→507														
YES, CURRENTLY MARRIED 1																						
YES, LIVING WITH A MAN 2																						
NO, NOT IN UNION 3																						
503	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner at all?	<table border="0"> <tr> <td>REGULAR SEXUAL PARTNER</td> <td align="center">..... 1</td> </tr> <tr> <td>OCCASIONAL SEXUAL PARTNER</td> <td align="center">..... 2</td> </tr> <tr> <td>NO SEXUAL PARTNER</td> <td align="center">..... 3</td> </tr> </table>	REGULAR SEXUAL PARTNER 1	OCCASIONAL SEXUAL PARTNER 2	NO SEXUAL PARTNER 3															
REGULAR SEXUAL PARTNER 1																						
OCCASIONAL SEXUAL PARTNER 2																						
NO SEXUAL PARTNER 3																						
504	Have you ever been married or lived with a man?	<table border="0"> <tr> <td>YES, FORMERLY MARRIED</td> <td align="center">..... 1</td> </tr> <tr> <td>YES, LIVED WITH A MAN</td> <td align="center">..... 2</td> </tr> <tr> <td>NO</td> <td align="center">..... 3</td> </tr> </table>	YES, FORMERLY MARRIED 1	YES, LIVED WITH A MAN 2	NO 3	→511 →515														
YES, FORMERLY MARRIED 1																						
YES, LIVED WITH A MAN 2																						
NO 3																						
506	What is your marital status now: are you widowed, divorced, or separated?	<table border="0"> <tr> <td>WIDOWED</td> <td align="center">..... 1</td> </tr> <tr> <td>DIVORCED</td> <td align="center">..... 2</td> </tr> <tr> <td>SEPARATED</td> <td align="center">..... 3</td> </tr> </table>	WIDOWED 1	DIVORCED 2	SEPARATED 3	→511														
WIDOWED 1																						
DIVORCED 2																						
SEPARATED 3																						
507	Is your husband/partner living with you now or is he staying elsewhere?	<table border="0"> <tr> <td>LIVING WITH HER</td> <td align="center">..... 1</td> </tr> <tr> <td>STAYING ELSEWHERE</td> <td align="center">..... 2</td> </tr> </table>	LIVING WITH HER 1	STAYING ELSEWHERE 2																	
LIVING WITH HER 1																						
STAYING ELSEWHERE 2																						
507A	WRITE THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR HER HUSBAND/PARTNER. IF HUSBAND/PARTNER IS NOT LISTED WRITE '00'.	<table border="0"> <tr> <td></td> <td align="center"> <input type="text"/> <input type="text"/> </td> </tr> </table>		<input type="text"/> <input type="text"/>																			
	<input type="text"/> <input type="text"/>																						
508	Does your husband/partner have any other wives besides yourself?	<table border="0"> <tr> <td>YES</td> <td align="center">..... 1</td> </tr> <tr> <td>NO</td> <td align="center">..... 2</td> </tr> </table>	YES 1	NO 2	→511																
YES 1																						
NO 2																						
509	How many other wives does he have?	<table border="0"> <tr> <td>NUMBER</td> <td align="center">.....</td> <td align="center"> <input type="text"/> <input type="text"/> </td> </tr> <tr> <td>DON'T KNOW</td> <td align="center">.....</td> <td align="center">98</td> </tr> </table>	NUMBER	<input type="text"/> <input type="text"/>	DON'T KNOW	98	→511														
NUMBER	<input type="text"/> <input type="text"/>																					
DON'T KNOW	98																					
510	Are you the first, second, wife?	<table border="0"> <tr> <td>RANK</td> <td align="center">.....</td> <td align="center"> <input type="text"/> <input type="text"/> </td> </tr> </table>	RANK	<input type="text"/> <input type="text"/>																		
RANK	<input type="text"/> <input type="text"/>																					
511	Have you been married or lived with a man only once, or more than once?	<table border="0"> <tr> <td>ONCE</td> <td align="center">..... 1</td> </tr> <tr> <td>MORE THAN ONCE</td> <td align="center">..... 2</td> </tr> </table>	ONCE 1	MORE THAN ONCE 2																	
ONCE 1																						
MORE THAN ONCE 2																						
512	<p>CHECK 511:</p> <table border="0"> <tr> <td>MARRIED/LIVED WITH A MAN ONLY ONCE</td> <td align="center"> <input type="checkbox"/> </td> <td>MARRIED/LIVED WITH A MAN MORE THAN ONCE</td> <td align="center"> <input type="checkbox"/> </td> </tr> <tr> <td>In what month and year did you start living with your husband/partner?</td> <td align="center">↓</td> <td>Now we will talk about your first husband/partner. In what month and year did you start living with him?</td> <td align="center">↓</td> </tr> </table>	MARRIED/LIVED WITH A MAN ONLY ONCE	<input type="checkbox"/>	MARRIED/LIVED WITH A MAN MORE THAN ONCE	<input type="checkbox"/>	In what month and year did you start living with your husband/partner?	↓	Now we will talk about your first husband/partner. In what month and year did you start living with him?	↓	<table border="0"> <tr> <td>MONTH</td> <td align="center">.....</td> <td align="center"> <input type="text"/> <input type="text"/> </td> </tr> <tr> <td>DON'T KNOW MONTH</td> <td align="center">.....</td> <td align="center">98</td> </tr> <tr> <td>YEAR</td> <td align="center">.....</td> <td align="center"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> <tr> <td>DON'T KNOW YEAR</td> <td align="center">.....</td> <td align="center">9998</td> </tr> </table>	MONTH	<input type="text"/> <input type="text"/>	DON'T KNOW MONTH	98	YEAR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DON'T KNOW YEAR	9998	→514
MARRIED/LIVED WITH A MAN ONLY ONCE	<input type="checkbox"/>	MARRIED/LIVED WITH A MAN MORE THAN ONCE	<input type="checkbox"/>																				
In what month and year did you start living with your husband/partner?	↓	Now we will talk about your first husband/partner. In what month and year did you start living with him?	↓																				
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DON'T KNOW YEAR	9998																					
513	How old were you when you started living with him?	<table border="0"> <tr> <td>AGE</td> <td align="center">.....</td> <td align="center"> <input type="text"/> <input type="text"/> </td> </tr> </table>	AGE	<input type="text"/> <input type="text"/>																		
AGE	<input type="text"/> <input type="text"/>																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
514	<p>CHECK 511:</p> <p>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>Now we will talk about your current husband/partner. In what month and year did you start living with him?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	
515	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues.</p> <p>When was the last time you had sexual intercourse (if ever)?</p>	<p>NEVER 000 →520</p> <p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p> <p>BEFORE LAST BIRTH 996</p>	
516	<p>CHECK 301:</p> <p>KNOWS CONDOM <input type="checkbox"/></p> <p>DOES NOT KNOW CONDOM <input type="checkbox"/></p> <p>The last time you had sex, was a condom used? Some men use a condom, which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
517	<p>Do you know of a place where you can get condoms?</p>	<p>YES 1</p> <p>NO 2 →519</p>	
518	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Anywhere else?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GVT. HOSPITAL/POLYCLINIC ... A</p> <p>GVT. HEALTH CENTRE B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>FIELD WORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>CHEMIST I</p> <p>DRUG STORE J</p> <p>MOBILE CLINIC K</p> <p>FIELD WORKER L</p> <p>FP/PPAG CLINIC M</p> <p>MATERNITY HOME N</p> <p>OTHER PRIVATE _____ O</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>CHURCH P</p> <p>SHOP Q</p> <p>FRIEND/RELATIVE R</p> <p>OTHER _____ S</p> <p>(SPECIFY)</p>	
519	<p>How old were you when you first had sexual intercourse?</p>	<p>AGE <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN MARRIED 96</p>	
520	<p>How old were you when you first had your menstrual period?</p>	<p>AGE <input type="text"/> <input type="text"/></p>	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 314: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→612
602	CHECK 234: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 →604 SAYS SHE CAN'T GET PREGNANT .. 3 →606 UNDECIDED/DON'T KNOW 8 →604	
603	CHECK 234: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YEARS 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 →606 AFTER MARRIAGE 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	
604	CHECK 234: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→607
605	If you became pregnant in the next few weeks, would you be <u>happy</u> , <u>unhappy</u> , or would it <u>not matter</u> very much?	HAPPY 1 UNHAPPY 2 WOULD NOT MATTER 3	
606	CHECK 314: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→612
607	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES 1 →609 NO 2 DON'T KNOW 8	
608	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES 1 NO 2 DON'T KNOW 8 →610	
609	Which method would you prefer to use?	PILL 01 IUD 02 INJECTIONS 03 IMPLANTS 04 DIAPHRAGM/FOAM/JELLY 05 CONDOM 06 FEMALE STERILIZATION 07 MALE STERILIZATION 08 PERIODIC ABSTINENCE 09 WITHDRAWAL 10 LACTATIONAL AMENORRHEA METHOD 11 OTHER _____ 96 (SPECIFY) UNSURE 98	→612

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610	What is the main reason that you think you will never use a method?	NOT CURRENTLY MARRIED 11 FERTILITY-RELATED REASONS INFREQUENT SEX 22 MENOPAUSAL/WOMB REMOVED. 23 SUBFECUND/INFECUND 24 WANTS MORE CHILDREN 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBANDPARTNER OPPOSED . 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR ... 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→612
611	Would you ever use a method if you were married?	YES 1 NO 2 DON'T KNOW 8	
612	CHECK 221: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER <input type="text"/> OTHER _____ 96 (SPECIFY)	→614
613	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?	BOYS NUMBER <input type="text"/> UP TO GOD 95 OTHER _____ 96 (SPECIFY) GIRLS NUMBER <input type="text"/> UP TO GOD 95 OTHER _____ 96 (SPECIFY) EITHER NUMBER <input type="text"/> UP TO GOD 95 OTHER _____ 96 (SPECIFY)	
614	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 NO OPINION 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
615	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">ACCEPT- ABLE</td> <td style="text-align: center;">NOT ACCEPT- ABLE</td> <td style="text-align: center;">DK</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TELEVISION ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>		ACCEPT- ABLE	NOT ACCEPT- ABLE	DK	RADIO	1	2	8	TELEVISION ...	1	2	8									
	ACCEPT- ABLE	NOT ACCEPT- ABLE	DK																				
RADIO	1	2	8																				
TELEVISION ...	1	2	8																				
616	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LEAFLETS OR BROCHURES .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE	1	2	POSTER	1	2	LEAFLETS OR BROCHURES .	1	2			
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POSTER	1	2																					
LEAFLETS OR BROCHURES .	1	2																					
618	In the last few months have you discussed the practice of family planning with your friends, neighbors, or relatives?	<table style="width: 100%; border: none;"> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> </table>	YES	1	NO	2	→620																
YES	1																						
NO	2																						
619	With whom? Anyone else? RECORD ALL MENTIONED.	<table style="width: 100%; border: none;"> <tr> <td>HUSBAND/PARTNER</td> <td style="text-align: center;">A</td> </tr> <tr> <td>MOTHER</td> <td style="text-align: center;">B</td> </tr> <tr> <td>FATHER</td> <td style="text-align: center;">C</td> </tr> <tr> <td>SISTER(S)</td> <td style="text-align: center;">D</td> </tr> <tr> <td>BROTHER(S)</td> <td style="text-align: center;">E</td> </tr> <tr> <td>DAUGHTER</td> <td style="text-align: center;">F</td> </tr> <tr> <td>MOTHER-IN-LAW</td> <td style="text-align: center;">G</td> </tr> <tr> <td>FRIENDS/NEIGHBORS</td> <td style="text-align: center;">H</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">X</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </table>	HUSBAND/PARTNER	A	MOTHER	B	FATHER	C	SISTER(S)	D	BROTHER(S)	E	DAUGHTER	F	MOTHER-IN-LAW	G	FRIENDS/NEIGHBORS	H	OTHER _____	X	(SPECIFY)		
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FRIENDS/NEIGHBORS	H																						
OTHER _____	X																						
(SPECIFY)																							
620	CHECK 502: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">YES, CURRENTLY MARRIED</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">YES, LIVING WITH A MAN</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">NO, NOT IN UNION</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES, CURRENTLY MARRIED	<input type="checkbox"/>	YES, LIVING WITH A MAN	<input type="checkbox"/>	NO, NOT IN UNION	<input type="checkbox"/>		→701														
YES, CURRENTLY MARRIED	<input type="checkbox"/>	YES, LIVING WITH A MAN	<input type="checkbox"/>	NO, NOT IN UNION	<input type="checkbox"/>																		
621	Spouses/partners do not always agree on everything. Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	<table style="width: 100%; border: none;"> <tr> <td>APPROVES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>DISAPPROVES</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </table>	APPROVES	1	DISAPPROVES	2	DON'T KNOW	8															
APPROVES	1																						
DISAPPROVES	2																						
DON'T KNOW	8																						
622	How often have you talked to your husband/partner about family planning in the past year?	<table style="width: 100%; border: none;"> <tr> <td>NEVER</td> <td style="text-align: center;">1</td> </tr> <tr> <td>ONCE OR TWICE</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MORE OFTEN</td> <td style="text-align: center;">3</td> </tr> </table>	NEVER	1	ONCE OR TWICE	2	MORE OFTEN	3															
NEVER	1																						
ONCE OR TWICE	2																						
MORE OFTEN	3																						
623	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	<table style="width: 100%; border: none;"> <tr> <td>SAME NUMBER</td> <td style="text-align: center;">1</td> </tr> <tr> <td>MORE CHILDREN</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FEWER CHILDREN</td> <td style="text-align: center;">3</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </table>	SAME NUMBER	1	MORE CHILDREN	2	FEWER CHILDREN	3	DON'T KNOW	8													
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SECTION 7. HUSBAND'S/PARTNER'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>CHECK 502 AND 504:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED AND NEVER IN UNION <input type="checkbox"/></p>	<p>→703</p> <p>→709</p>	
702	<p>How old was your husband/partner on his last birthday?</p>	<p>AGE <input type="text"/></p>	
703	<p>Did your (last) husband/partner ever attend school?</p>	<p>YES 1</p> <p>NO 2</p>	→706
704	<p>What was the highest level of school he attended: primary, middle/jss, secondary/sss, or higher?¹</p>	<p>PRIMARY 1</p> <p>MIDDLE/JSS 2</p> <p>SECONDARY/SSS 3</p> <p>HIGHER 4</p> <p>DON'T KNOW 8</p>	→706
705	<p>What was the highest grade he completed at that level?</p>	<p>GRADE <input type="text"/></p> <p>DON'T KNOW 98</p>	
706	<p>What (is/was) your (last) husband/partner's occupation? That is, what kind of work (does/did) he mainly do?</p>	<p><input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	
707	<p>CHECK 706:</p> <p>WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/></p> <p>DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/></p>	<p>→709</p>	
708	<p>(Does/did) your husband/partner work mainly on his own land or on family land, or (does/did) he rent land, or (does/did) he work on someone else's land?</p>	<p>HIS LAND 1</p> <p>FAMILY LAND 2</p> <p>RENTED LAND 3</p> <p>SOMEONE ELSE'S LAND 4</p>	
709	<p>Aside from your own housework, are you currently working?</p>	<p>YES 1</p> <p>NO 2</p>	→712
710	<p>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. Are you currently doing any of these things or any other work?</p>	<p>YES 1</p> <p>NO 2</p>	→712
711	<p>Have you done any work in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	→801
712	<p>What is your occupation, that is, what kind of work do you mainly do?</p>	<p><input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	
713	<p>CHECK 712:</p> <p>WORKS IN AGRICULTURE <input type="checkbox"/></p> <p>DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></p>	<p>→715</p>	
714	<p>Do you work mainly on your own land or on family land, or do you rent land or work on someone else's land?</p>	<p>OWN LAND 1</p> <p>FAMILY LAND 2</p> <p>RENTED LAND 3</p> <p>SOMEONE ELSE'S LAND 4</p>	
715	<p>Do you do this work for a member of your family, for someone else, or are you self-employed?</p>	<p>FAMILY MEMBER 1</p> <p>SOMEONE ELSE 2</p> <p>SELF-EMPLOYED 3</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	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	→718 →719
717	During the last 12 months, how many months did you work?	NUMBER OF MONTHS <input type="text"/>	
718	During the last 12 months, how many days a week did you usually work (in the months that you worked,)?	NUMBER OF DAYS <input type="text"/>	→720
719	During the last 12 months, approximately how many days did you work?	NUMBER OF DAYS . . . <input type="text"/>	
720	Do you earn cash for your work? PROBE: Do you make money for working?	YES 1 NO 2	→723
721	How much do you usually earn for this work? PROBE: Is this by the day, by the week, or by the month?	PER HOUR <input type="text"/> PER DAY <input type="text"/> PER WEEK <input type="text"/> PER MONTH <input type="text"/> PER YEAR <input type="text"/> OTHER _____ 9999996 (SPECIFY)	
722	CHECK 502: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband/partner jointly, or someone else? NO, NOT IN UNION <input type="checkbox"/> Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?	RESPONDENT DECIDES 1 HUSBAND/PARTNER DECIDES 2 JOINTLY WITH HUSBAND/PARTNER 3 SOMEONE ELSE DECIDES 4 JOINTLY WITH SOMEONE ELSE . . . 5	
723	Do you usually work at home or away from home?	HOME 1 AWAY 2	
724	CHECK 222 AND 223: IS A CHILD LIVING AT HOME WHO IS AGE 5 OR LESS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→801
725	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	RESPONDENT 01 HUSBAND/PARTNER 02 OLDER FEMALE CHILD 03 OLDER MALE CHILD 04 OTHER RELATIVES 05 NEIGHBORS 06 FRIENDS 07 SERVANTS/HIRED HELP 08 CHILD IS IN SCHOOL 09 INSTITUTIONAL CHILD CARE 10 HAS NOT WORKED SINCE LAST BIRTH 95 OTHER _____ 96 (SPECIFY)	

SECTION 8. AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I have a few questions about a very important topic. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→814
802	From which sources of information have you learned most about AIDS? Any other sources? RECORD ALL MENTIONED.	RADIO A TELEVISION B NEWSPAPERS/MAGAZINES C PAMPHLETS/POSTERS D SLOGANS/MUSIC E HEALTH WORKERS F CHURCHES/MOSQUES G SCHOOLS/TEACHERS H COMMUNITY MEETINGS I FRIENDS/RELATIVES J WORK PLACE K OTHER _____ X (SPECIFY)	
803	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 3	→807
804	What can a person do? Any other ways? RECORD ALL MENTIONED.	SAFE SEX A ABSTAIN FROM SEX B USE CONDOM C HAVE ONLY ONE SEX PARTNER D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH HOMOSEXUALS F AVOID BLOOD TRANSFUSIONS G AVOID INJECTIONS H AVOID INFECTED NEEDLES I AVOID KISSING J AVOID MOSQUITO BITES K AVOID SHARING INFECTED BLADES L SEEK PROTECTION FROM TRADITIONAL HEALER M OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
805	CHECK 804: MENTIONED SAFE SEX <input type="checkbox"/> DID NOT MENTION SAFE SEX <input type="checkbox"/> → 807		
806	What does "safe sex" mean to you?	ABSTAIN FROM SEX A USE CONDOMS B HAVE ONLY ONE SEX PARTNER C AVOID SEX WITH PROSTITUTES D AVOID SEX WITH HOMOSEXUALS E OTHER _____ X (SPECIFY) DON'T KNOW Z	
807	Is it possible for a healthy looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
808	Is it possible for a woman who has the AIDS virus to give birth to a child with the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
809	Is it possible for a woman who has the AIDS virus to pass the virus to her child through breastfeeding?	YES 1 NO 2 DON'T KNOW 8	
810	What do you suggest is the most important thing the government should do for people who have AIDS?	PROVIDE FREE MEDICAL TREATMENT 1 HELP RELATIVES PROVIDE CARE 2 ISOLATE/QUARANTINE 3 SHOULD NOT BE INVOLVED 4 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811	If your relative is suffering from AIDS, who would you prefer to care for him/her?	RELATIVES 1 FRIENDS 2 GOVERNMENT ORGANIZATION 3 RELIGIOUS ORGANIZATION 4 NOBODY/ABANDON 5 OTHER _____ 6 (SPECIFY)	
812	Do you think your chances of getting AIDS are small, moderate, great, or that you have no risk at all?	SMALL 1 MODERATE 2 GREAT 3 NO RISK AT ALL 4 HAS AIDS 5 DON'T KNOW 8	
813	Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior? IF YES, PROBE: In what way? RECORD ALL MENTIONED.	DID NOT START SEX A STOPPED ALL SEX B STARTED USING CONDOMS C RESTRICTED SEX TO ONE PARTNER . D REDUCED NUMBER OF PARTNERS . . E STOPPED SEX WITH PROSTITUTES . . F STOPPED HOMOSEXUAL CONTACTS . G OTHER _____ X (SPECIFY) NO CHANGE IN SEXUAL BEHAVIOR . . Y DON'T KNOW Z	
814	Have you heard of other diseases apart from AIDS which could be transmitted through sexual intercourse?	YES 1 NO 2	→818
815	Name the diseases. Any other? CIRCLE ALL MENTIONED.	GONORRHEA A SYPHILIS B HERPES C HEPATITIS D OTHER _____ E (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816	<p>FOR EACH DISEASE MENTIONED IN Q.815 ASK THE FOLLOWING QUESTION AND CIRCLE ALL THE PLACES MENTIONED:</p> <p>Where can a person go to treat (NAME OF DISEASE)?</p> <p>Anywhere else?</p>		

NAME OF PLACE	GONORRHEA	SYPHILIS	HERPES	HEPATITIS	OTHER
PUBLIC SECTOR					
GVT. HOSPITAL/CLINIC	A	A	A	A	A
GVT. HEALTH CENTRE	B	B	B	B	B
GVT. HEALTH POST	C	C	C	C	C
MOBILE CLINIC	D	D	D	D	D
COMM. HEALTH WORKER	E	E	E	E	E
PRIVATE SECTOR					
HOSPITAL	F	F	F	F	F
PHARMACY/CHEMIST/DRUG STORE	G	G	G	G	G
CLINIC	H	H	H	H	H
MOBILE CLINIC	I	I	I	I	I
COMM. HEALTH WORKER	J	J	J	J	J
OTHER PRIVATE SECTOR					
SHOP	K	K	K	K	K
DRUG PEDDLER	L	L	L	L	L
TRADITIONAL PRACTITIONER	M	M	M	M	M
FAITH HEALER/SPIRITUALIST	N	N	N	N	N
OTHER (SPECIFY)	X	X	X	X	X
	_____	_____	_____	_____	_____

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
817	Do you think your chances of getting sexually transmitted diseases (STDs), other than AIDS, are small, moderate, great, or that you have no risk at all?	SMALL 1 MODERATE 2 GREAT 3 NO RISK AT ALL 4 HAS STDs 5 DON'T KNOW 8	

818	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					

SECTION 9. HEIGHT AND WEIGHT

901	CHECK 233B: ONE OR MORE CHILDREN SINCE JANUARY 1993 <input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/>		NO CHILDREN SINCE JANUARY 1993 <input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/>	→ END
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IN 902 (COLUMNS 2 AND 3) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1993 AND STILL ALIVE. IN 903 AND 904 RECORD THE NAME (ALL COLUMNS) AND BIRTH DATE (COLUMNS 2, 3 AND 4) FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1993. IN 906 AND 908 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1993 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 3 LIVING CHILDREN SINCE JANUARY 1993, USE ADDITIONAL QUESTIONNAIRES).

		RESPONDENT (1)	YOUNGEST LIVING CHILD (2)	NEXT-TO-YOUNGEST LIVING CHILD (3)	SECOND-FROM-YOUNGEST LIVING CHILD (4)
902	LINE NO. FROM Q214		<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>
903	NAME FROM Q218 FOR CHILDREN	(NAME) _____	(NAME) _____	(NAME) _____	(NAME) _____
904	DATE OF BIRTH FROM Q105 FOR RESPONDENT AND FROM Q220 FOR CHILDREN, AND ASK FOR DAY OF BIRTH	MONTH ... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> YEAR <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> 1 <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> 9 <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	DAY <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> MONTH ... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> YEAR <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> 1 <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> 9 <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	DAY <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> MONTH ... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> YEAR <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> 1 <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> 9 <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	DAY <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> MONTH .. <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> YEAR <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> 1 <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> 9 <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>
905	BCG SCAR ON TOP OF SHOULDER		SCAR SEEN 1 NO SCAR 2	SCAR SEEN 1 NO SCAR 2	SCAR SEEN 1 NO SCAR 2
906	HEIGHT (In centimetres)	<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>
907	WAS LENGTH/HEIGHT OF CHILD MEASURED LYING DOWN OR STANDING UP?		LYING 1 STANDING 2	LYING 1 STANDING 2	LYING 1 STANDING 2
908	WEIGHT (In kilograms)	<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>
909	LEFT UPPER ARM CIRCUMFERENCE (In centimetres)	<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>
910	DATE WEIGHED AND MEASURED	DAY <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> MONTH ... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> YEAR <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> 1 <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> 9 <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	DAY <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> MONTH ... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> YEAR <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> 1 <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> 9 <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	DAY <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> MONTH ... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> YEAR <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> 1 <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> 9 <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	DAY <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> MONTH .. <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> YEAR <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> 1 <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> 9 <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>
911	RESULT OF WEIGHING AND MEASURING	MEASURED 1 NOT PRESENT 3 REFUSED 4 OTHER _____ 6 (SPECIFY)	MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED . 5 OTHER _____ 6 (SPECIFY)	MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED . 5 OTHER _____ 6 (SPECIFY)	MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED . 5 OTHER _____ 6 (SPECIFY)
912	NAME OF MEASURER:	<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>	NAME OF ASSISTANT:		<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>

INTERVIEWER'S OBSERVATIONS
To be filled in after completing interview

Comments
about Respondent

Comments on
Specific Questions

Any Other
Comments

SUPERVISOR'S OBSERVATIONS

Name of
Supervisor

Date:

EDITOR'S OBSERVATIONS

Name of
Editor

Date:
