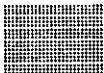


APPENDIX E

QUESTIONNAIRES

IDENTIFICATION	
PLACE NAME	
NAME OF HOUSEHOLD HEAD	
E A NUMBER	
STRUCTURE NUMBER	
HOUSEHOLD NUMBER	
REGION	
URBAN/RURAL (urban=1, rural=2)	
FOR OFFICE USE	
LARGE CITY/MEDIUM CITY/SMALL CITY/TOWN/VILLAGE	
(large city=1, medium city=2, small city=3, town=4, village=5)	
Large city	1,000,000 and over
Medium city	500,000 - 999,999
Small city	50,000 - 499,999
Town	5,000 - 49,999
Village	< 5,000

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE				DAY <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
				MONTH <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
				YEAR <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
INTERVIEWER'S NAME				NAME <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
RESULT***				RESULT <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
***RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL IN HOUSEHOLD <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
				TOTAL ELIGIBLE WOMEN <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
				TOTAL ELIGIBLE MEN <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
				LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								

NAME DATE	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
	_____	_____	_____	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div>

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	MARITAL STATUS AGE 12+	E D U C A T I O N				
			Does (NAME) usually live here?	Did (NAME) sleep here last night?				**IF AGED 6 YEARS OR OLDER				
								Has (NAME) ever been to school?	IF ATTENDED SCHOOL	If no, why?		
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?			Is (NAME) male or female?	How old is (NAME)?	What is (NAME)'S current marital status? MARR-IED 1 CONSE-NSUAL 2 WIDOW-ED 3 DIVOR-CE 4 SEPAR-ATED 5 NEVER MARR-IED 6		What is the highest level of school (NAME) attended?	IF AGED LESS THAN 25 YEARS	Is (NAME) still in school? IF YES → Q12	FINANCIAL CONSTRAINT...1 SCHOOL TOO FAR.....2 LACK OF INTEREST....3 DISABILITY...4 NEEDED TO HELP IN FAMILY BUSINESS....5 GRADUATED...6 OTHER.....7
(1)	(2)	(3)	YES NO	YES NO	M F	IN YEARS	(8)	YES NO	LEVEL GRADE	YES NO	(11a)	(11b)
01			1 2	1 2	1 2			1 2		1 2		
02			1 2	1 2	1 2			1 2		1 2		
03			1 2	1 2	1 2			1 2		1 2		
04			1 2	1 2	1 2			1 2		1 2		
05			1 2	1 2	1 2			1 2		1 2		
06			1 2	1 2	1 2			1 2		1 2		
07			1 2	1 2	1 2			1 2		1 2		
08			1 2	1 2	1 2			1 2		1 2		
09			1 2	1 2	1 2			1 2		1 2		
10			1 2	1 2	1 2			1 2		1 2		
11			1 2	1 2	1 2			1 2		1 2		
12			1 2	1 2	1 2			1 2		1 2		
13			1 2	1 2	1 2			1 2		1 2		
14			1 2	1 2	1 2			1 2		1 2		
15			1 2	1 2	1 2			1 2		1 2		

* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:

01= HEAD
02= WIFE OR HUSBAND
03= SON OR DAUGHTER
04= SON OR DAUGHTER-IN-LAW
05= GRANDCHILD
06= PARENT
07= PARENT-IN-LAW
08= BROTHER OR SISTER
09= OTHER RELATIVE
10= ADOPTED
11= NOT RELATED
98= DK

** CODES FOR Q 10

LEVEL OF EDUCATION:

1= PRIMARY
2= MIDDLE/JSS
3= SSS/COMMERCIAL/TECHNICAL/4 YEAR TRG. COLL.
4= POST SEC./ NURSING TRG/ POLYTECHNIC
5= HIGHER
8= DK

GRADE:

00=LESS THAN 1 YEAR COMPLETED
98=DK

FOR THOSE AGED 7 YEARS AND ABOVE O C C U P A T I O N								
Line No.	What work did (NAME) do during the past 7 days, even if (NAME) was not paid for it? Describe what (NAME) did in this work? IF ONLY STUDENT/HOMEMAKER/ UNEMPLOYED SKIP TO ↳Q17		What kind of industry is it connected with?		In this work did (NAME) work on own account, as an employer, as unpaid family worker or for wages/salary? OWN ACCOUNT W/O EMPL.....1 EMPLOYER.....2 UNPAID FAMILY WORKER.....3 FOR WAGES/ SALARY.....4	For how many days during the past 7 days did (NAME) do this work?	During these days how many hours per day did (NAME) do this work? RECORD HOURS WORKED AND SKIP TO ↳Q18.	Did (NAME) look for work during the past 7 days?
	(12)		(13)		(14)	(15)	(16)	(17)
	DESCRIPTION	CODE	TYPE	CODE				YES NO
01								1 2
02								1 2
03								1 2
04								1 2
05								1 2
06								1 2
07								1 2
08								1 2
09								1 2
10								1 2
11								1 2
12								1 2
13								1 2
14								1 2
15								1 2

- 1) Are there any other persons such as small children or infants that we have not listed?
- 2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?
- 3) Do you have any guests or temporary visitors staying here, or anyone else who slept here last night?

YES ☐ → ENTER EACH NO ☐

YES ☐ → ENTER EACH NO ☐

YES ☐ → ENTER EACH NO ☐

NAME	H E A L T H				M I G R A T I O N ALL USUAL RESIDENTS AGED 15 OR OLDER				
	During the past 2 weeks has (NAME) suffered from either an illness or an injury?	Has (NAME) had a health consultation in the past 2 weeks? IF NO, SKIP ↓ Q21. (19)	In the past 2 weeks whom did (NAME) consult? DOCTOR.....01 DENTIST.....02 MEDICAL ASSISTANT....03 NURSE.....04 MIDWIFE.....05 PHARMACIST...06 DRUGGIST.....07 TRADITIONAL HEALER.....08 T B A09 SPIRITUALIST.10 OTHER.....96 (20)	Did (NAME) pay anything for medical supplies or consultation in the past 2 weeks? IF YES: How much? IF NO: ENTER "0" (21)	Was (NAME) born in this locality? IF NO, SKIP ↓ Q24. (22)	Has (NAME) lived anywhere else for at least 6 months? (23)	At the time of (NAME's) birth was his/her birth-place a City....1 Town....2 Village.3 *** (24)	How old was (NAME) when he/she left his/her place of birth for the first time to live somewhere else? (25)	What was the main reason (NAME) moved the first time? FOLLOW/JOIN FAMILY.....1 WORK RELATED.....2 MARRIAGE.....3 SCHOOL.....4 ADVENTURE/BRIGHTLIGHTS.....5 ESCAPE FAMILY PROBLEMS.....6 OTHER.....7 (SPECIFY) (26)
	YES NO (18)	YES NO (19)		AMOUNT (21)	YES NO (22)	YES NO (23)		IN YEARS (25)	
01	1 2	1 2			1 2	1 2			
02	1 2	1 2			1 2	1 2			
03	1 2	1 2			1 2	1 2			
04	1 2	1 2			1 2	1 2			
05	1 2	1 2			1 2	1 2			
06	1 2	1 2			1 2	1 2			
07	1 2	1 2			1 2	1 2			
08	1 2	1 2			1 2	1 2			
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10	1 2	1 2			1 2	1 2			
11	1 2	1 2			1 2	1 2			
12	1 2	1 2			1 2	1 2			
13	1 2	1 2			1 2	1 2			
14	1 2	1 2			1 2	1 2			
15	1 2	1 2			1 2	1 2			

*** (Q24) CHECK IF YES IN Q22 AND NO IN Q23 THEN SKIP TO Q31

NAME	DISABILITY				CHECK Q 31-38: AT MOST ONE "YES" → 40 MORE THAN ONE "YES" → V Which is the main diffi- culty (NAME) has? MOVING.....1 SEEING.....2 HEARING/ SPEAKING....3 LEARNING....4 + HAND/FOOT..5 FITS.....6 BEHAVE STRANGELY...7 OTHER.....8	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD***								ELIGIBILITY	
	Does (NAME) behave strangely?		Does (NAME) have any other difficulty?			Is (NAME)'s natural mother alive IF NO OR DK SKIP TO →Q42	IF ALIVE Does (NAME)'s natural mother live in this house- hold? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER (41)	Is (NAME)'s natural father alive? IF NO OR DK SKIP TO →Q44	IF ALIVE Does (NAME)'s natural father live in this house- hold? IF YES: What is his name? RECORD FATHER'S LINE NUMBER (43)	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR (INDIVI- DUAL INTER- VIEW (15-49) (YEARS)	CIRCLE LINE NUMBER OF MEN ELIGI- BLE FOR INTER- VIEW (15-59) (YEARS)				
	(37)		(38)									(40)		(42)	
	YES	NO	YES	NO		YES	NO	DK		YES	NO	DK			
01	1	2	1	2		1	2	8	<input type="text"/>	1	2	8	<input type="text"/>	01	
02	1	2	1	2		1	2	8	<input type="text"/>	1	2	8	<input type="text"/>	02	
03	1	2	1	2		1	2	8	<input type="text"/>	1	2	8	<input type="text"/>	03	
04	1	2	1	2		1	2	8	<input type="text"/>	1	2	8	<input type="text"/>	04	
05	1	2	1	2		1	2	8	<input type="text"/>	1	2	8	<input type="text"/>	05	
06	1	2	1	2		1	2	8	<input type="text"/>	1	2	8	<input type="text"/>	06	
07	1	2	1	2		1	2	8	<input type="text"/>	1	2	8	<input type="text"/>	07	
08	1	2	1	2		1	2	8	<input type="text"/>	1	2	8	<input type="text"/>	08	
09	1	2	1	2		1	2	8	<input type="text"/>	1	2	8	<input type="text"/>	09	
10	1	2	1	2		1	2	8	<input type="text"/>	1	2	8	<input type="text"/>	10	
11	1	2	1	2		1	2	8	<input type="text"/>	1	2	8	<input type="text"/>	11	
12	1	2	1	2		1	2	8	<input type="text"/>	1	2	8	<input type="text"/>	12	
13	1	2	1	2		1	2	8	<input type="text"/>	1	2	8	<input type="text"/>	13	
14	1	2	1	2		1	2	8	<input type="text"/>	1	2	8	<input type="text"/>	14	
15	1	2	1	2		1	2	8	<input type="text"/>	1	2	8	<input type="text"/>	15	

+ CODE FOR Q39: 5= LOSS OF FEELING IN THE HAND/FOOT

TOTAL TOTAL

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
46	What is the source of water your household uses for laundry and dishwashing?	PIPED WATER PIPED INTO RESIDENCE/YARD/COMPOUND.....11 →48 PUBLIC TAP/NEIGHBOUR'S HSE....12 WELL WATER WELL IN RESIDENCE/YARD/COMP...21 →48 PUBLIC WELL.....22 BOREHOLE23 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 DUGOUT35 RAINWATER.....41 →48 TANKER TRUCK.....51 BOTTLED WATER.....61 →48 OTHER96 (SPECIFY)	
47	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996	
	RECORD RESPONSE HOURS MINUTES		
48	Does your household get drinking water from this same source?	YES.....1 →51 NO.....2	
49	What is the source of drinking water for members of your household?	PIPED WATER PIPED INTO RESIDENCE/YARD/COMPOUND.....11 →51 PUBLIC TAP/NEIGHBOUR'S HSE....12 WELL WATER WELL IN RESIDENCE/YARD/COMP...21 →51 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 DUGOUT35 RAINWATER.....41 →51 TANKER TRUCK.....51 BOTTLED WATER.....61 →51 OTHER96 (SPECIFY)	
50	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996	
	RECORD RESPONSE HOURS MINUTES		
51	What kind of toilet facility does your household use?	FLUSH TOILET OWN WC11 SHARED WC12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT (VIP) LATRINE.....22 BUCKET/PAN31 NO FACILITY (BUSH/FIELD)41 OTHER96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																		
52	Does your household have: Electricity? A functioning radio? A functioning television? A functioning refrigerator? A functioning video?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>VIDEO</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	VIDEO	1	2	
	YES	NO																			
ELECTRICITY.....	1	2																			
RADIO.....	1	2																			
TELEVISION.....	1	2																			
REFRIGERATOR.....	1	2																			
VIDEO	1	2																			
53	How many rooms in your household are used for sleeping?	ROOMS.....	<input type="text"/> <input type="text"/>																		
54	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND/MUD.....11 MUD MIXED WITH DUNG.....12 RUDIMENTARY FLOOR WOOD PLANKS.....21 PALM/BAMBOO.....22 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 LINOLEUM32 CERAMIC TILES.....33 CEMENT.....34 CARPET.....35 TERRAZO36 OTHER96 (SPECIFY)																			
55	Does any member of your household own: A bicycle? A motorcycle? A motor vehicle? A tractor? A horse/cart?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTOR VEHICLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TRACTOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>HORSE/CART.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	MOTOR VEHICLE.....	1	2	TRACTOR	1	2	HORSE/CART.....	1	2	
	YES	NO																			
BICYCLE.....	1	2																			
MOTORCYCLE.....	1	2																			
MOTOR VEHICLE.....	1	2																			
TRACTOR	1	2																			
HORSE/CART.....	1	2																			

REPUBLIC OF GHANA
GHANA DEMOGRAPHIC AND HEALTH SURVEY
WOMEN'S QUESTIONNAIRE (ENGLISH)
(FOR WOMEN OF AGES 15 - 49)

IDENTIFICATION																															
PLACE NAME _____	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																														
NAME OF HOUSEHOLD HEAD _____																															
E A NUMBER																															
STRUCTURE NUMBER.....																															
HOUSEHOLD NUMBER.....																															
REGION.....																															
URBAN/RURAL (urban=1, rural=2).....																															
NAME AND LINE NUMBER OF WOMAN _____																															
NAME AND LINE NUMBER OF HUSBAND _____																															
ENTER '98', IF NOT MARRIED AND '99' IF PARTNER IS NOT A MEMBER OF HOUSEHOLD																															
FOR OFFICE USE LARGE CITY/MEDIUM CITY/SMALL CITY/TOWN/VILLAGE..... (large city=1, medium city=2, small city=3, town=4, village=5) large city 1,000,000 and over town 5,000 - 49,999 medium city 500,000 - 999,999 village < 5,000 small city 50,000 - 499,999																															

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> YEAR <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
INTERVIEWER'S NAME				NAME <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
RESULT***				RESULT <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
***RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ 2 NOT AT HOME 5 PARTLY COMPLETED (SPECIFY) 3 POSTPONED 6 INCAPACITATED				

NAME DATE	FIELD EDITED BY _____	OFFICE EDITED BY _____	KEYED BY _____	KEYED BY <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
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SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME.	HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
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 VILLAGE3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN A YEAR, CODE "00"	YEARS..... <input type="text"/> <input type="text"/> ALWAYS.....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 VILLAGE3	
105	In what month and year were you born?	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK 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 or higher?	PRIMARY.....1 MIDDLE/JSS.....2 SSS/COMM./VOC/TECH.....3 POST SEC./NURSING/POLYTECH.....4 HIGHER5	
109	What is the highest (grade/form/year) you completed at that level?	GRADE..... <input type="text"/> <input type="text"/>	
110	CHECK 108: PRIMARY OR MIDDLE/JSS <input type="checkbox"/> <input type="checkbox"/> SECONDARY /SSS OR HIGHER <input type="checkbox"/> <input type="checkbox"/>		→112
111	Can you read and understand a letter or newspaper easily, with difficulty, or not at all in any language?	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
113	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	
114	Do you usually watch television at least once a week?	YES.....1 NO.....2	
115	What is your religious denomination?	CATHOLIC01 ANGLICAN02 METHODIST03 PRESBYTERIAN.....04 PENTECOSTAL.....05 SPIRITUALIST.....06 OTHER CHRISTIAN07 MOSLEM08 TRADITIONAL09 NO RELIGION10 OTHER96	
116	To which ethnic group do you belong?	ASANTE01 AKWAPIM02 FANTI03 OTHER AKAN04 GA/ADANGBE05 EWE06 GUAN07 MOLE-DAGBANI08 GRUSSI09 GURMA10 HAUSA11 OTHER96	
117	<p>CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE</p> <p>THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT</p> <p><input type="checkbox"/> ↓</p>	<p>THE WOMAN INTERVIEWED IS A USUAL RESIDENT</p> <p><input type="checkbox"/> →201</p>	
118	<p>Now I would like to ask about the place where you usually live.</p> <p>Do you usually live in a city, in a town, or in a village?</p>	CITY1 TOWN2 VILLAGE3	
119	<p>In which region is that located?</p> <p>IF USUAL RESIDENCE IS OUTSIDE GHANA, RECORD COUNTRY OF RESIDENCE</p> <p>_____ (COUNTRY)</p>	<p>WESTERN01 CENTRAL02 GREATER ACCRA03 VOLTA04 EASTERN05 ASHANTI06 BRONG-AHAFO07 NORTHERN08 UPPER WEST09 UPPER EAST10 OUTSIDE GHANA11</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
120	<p>Now I would like to ask about the household in which you usually live.</p> <p>What is the source of water your household uses for laundry and dishwashing?</p>	<p>PIPED WATER PIPED INTO RESIDENCE/YARD/COMPOUND.....11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/COMP...21 PUBLIC WELL.....22 BOREHOLE23 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 DUGOUT35 RAINWATER.....41 TANKER TRUCK.....51 BOTTLED WATER.....61 OTHER96 (SPECIFY)</p>	<p>→122 →122 →122 →122 →122 →122 →122</p>
121	<p>How long does it take to go there, get water, and come back?</p> <p>HOURS MINUTES</p> <p>_____</p>	<p>MINUTES.....<input type="text"/><input type="text"/><input type="text"/> ON PREMISES.....996</p>	
122	<p>Does your household get drinking water from this same source?</p>	<p>YES.....1 NO.....2</p>	<p>→125</p>
123	<p>What is the source of drinking water for members of your household?</p>	<p>PIPED WATER PIPED INTO RESIDENCE/YARD/COMPOUND.....11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/COMP...21 PUBLIC WELL.....22 BOREHOLE23 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 DUGOUT35 RAINWATER.....41 TANKER TRUCK.....51 BOTTLED WATER.....61 OTHER96 (SPECIFY)</p>	<p>→125 →125 →125 →125 →125 →125 →125 →125 →125 →125</p>
124	<p>How long does it take to go there, get water, and come back?</p> <p>HOURS MINUTES</p> <p>_____</p>	<p>MINUTES.....<input type="text"/><input type="text"/><input type="text"/> ON PREMISES.....996</p>	
125	<p>What kind of toilet facility does your household have?</p>	<p>FLUSH TOILET OWN W C11 SHARED W C12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT (VIP) LATRINE.....22 BUCKET/PAN31 NO FACILITY (BUSH/FIELD).....41 OTHER96 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
126	Does your household have: Electricity? A functioning radio? A functioning television? A functioning refrigerator? A functioning video?	<div>YES NO</div> <div>ELECTRICITY.....1 2</div> <div>RADIO1 2</div> <div>TELEVISION.....1 2</div> <div>REFRIGERATOR.....1 2</div> <div>VIDEO1 2</div>	
127	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/>	
128	Could you describe the main material of the floor of your home?	<div>NATURAL FLOOR</div> <div>EARTH/SAND.....11</div> <div>MUD MIXED WITH DUNG.....12</div> <div>RUDIMENTARY FLOOR</div> <div>WOOD PLANKS.....21</div> <div>PALM/BAMBOO.....22</div> <div>FINISHED FLOOR</div> <div>PARQUET OR POLISHED WOOD.....31</div> <div>LINOLEUM32</div> <div>CERAMIC TILES.....33</div> <div>CEMENT.....34</div> <div>CARPET.....35</div> <div>TERRAZO36</div> <div>OTHER96</div> <div>(SPECIFY)</div>	
129	Does any member of your household own: A bicycle? A motorcycle? A motor vehicle? A tractor? A horse/cart?	<div>YES NO</div> <div>BICYCLE.....1 2</div> <div>MOTORCYCLE.....1 2</div> <div>MOTOR VEHICLE.....1 2</div> <div>TRACTOR1 2</div> <div>HORSE/CART1 2</div>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
	Now I would like to ask about all births you have had during your lifetime.		
201	Have you ever given birth?	YES.....1 NO.....2	→206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	→204
203	How many sons live with you? And how many daughters live with you? IF NONE RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES.....1 NO.....2	→206
205	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..... DAUGHTERS ELSEWHERE.....	
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Have you ever had any baby who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2	→208
207	In all, how many boys have died? And how many girls have died? IF NONE RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE RECORD '00'.	TOTAL.....	
209	CHECK 208: Just to make sure that I have this right: you have had in total ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY		
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →223		

211 Now I would like to talk to you about all of your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212 What name was given to your (first,next) baby?	213 Was (NAME) born single or as a twin triplet, etc. RECORD SINGLE OR MULTIPLE BIRTH STATUS.	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	216 Is (NAME) still alive?	217 If ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 If ALIVE: Is (NAME) living with you?	219 If LESS THAN 15 YRS. OF AGE: With whom does he/she live? IF 15+: GO TO NEXT BIRTH.	220 If DEAD: How old was he/she 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.
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01 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (NEXT BIRTH)	DAYS....1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
02 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (NEXT BIRTH)	DAYS....1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
03 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (NEXT BIRTH)	DAYS....1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
04 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (NEXT BIRTH)	DAYS....1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
05 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (NEXT BIRTH)	DAYS....1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>

212 What name was given to your next baby?	213 Was (NAME) born single or as a twin, triplet, etc. RECORD SINGLE OR MULTIPLE BIRTH STATUS.	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF LESS THAN 15 YRS. OF AGE: With whom does he/she live? IF 15+: GO TO NEXT BIRTH.	220 IF DEAD: How old was he/she 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.
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06 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO....2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
07 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO....2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
08 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO....2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
09 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO....2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
10 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO....2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
11 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO....2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>

212 What name was given to your next baby?	213 Was (NAME) born single or as a twin triplet, etc. RECORD SINGLE OR MULTIPLE BIRTH STATUS.	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season?	216 Is (NAME) still alive?	217 How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 Is (NAME) living with you?	219 IF LESS THAN 15 YRS. OF AGE: With whom does he/she live? IF 15+: GO TO NEXT BIRTH.	220 IF DEAD: How old was he/she 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.
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12 (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
13 (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
14 (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO 221)	DAYS....1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>

221	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> ↓</p> <p>NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p> <div><div></div><div></div><div></div><div></div></div>
222	<p>CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1990.</p> <p>IF NONE, RECORD 0.</p> <div><div></div></div>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
223	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	→226
224	How many months pregnant are you?	MONTHS..... <input type="text"/> <input type="text"/> DK 98	
225	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 not want to become pregnant <u>at all</u> ?	THEN.....1 LATER2 NOT AT ALL3	
226	When did your last menstrual period start?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 IN MENOPAUSE.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	
227	Between the first day of a woman's period and the first day of her <u>next</u> period, are there certain times when she has a greater chance of becoming pregnant than other times?	YES.....1 NO.....2 DK.....8	→301
228	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS...4 OTHER.....6 (SPECIFY) DK.....8	

SECTION 3. CONTRACEPTION

301 Now I would like to talk about the various ways or methods that a couple can use to delay or avoid pregnancy. Which ways or methods have you heard about?

CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY.
CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.
THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303-304 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	303 Have you and your partner ever used (METHOD)?	304 Do you know where a person could go to get (METHOD)?
01 PILL Women can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	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/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
03 INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
04 DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
05 CONDOM Men can use a rubber sheath during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
06 FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2	YES.....1 NO.....2
07 IMPLANT Women can have a NORPLANT implant inserted under the skin of their upper arm.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
08 MALE STERILIZATION Men can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
09 RHYTHM, PERIODIC ABSTINENCE Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know where a person can obtain advice on how to use periodic abstinence? YES.....1 NO.....2
10 WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
11 Have you heard of any other ways or methods that women or men can use to avoid pregnancy? 1 _____ (SPECIFY) 2 _____ (SPECIFY) 3 _____ (SPECIFY)	YES/SPONT.....1 NO.....3	YES.....1 NO.....2 YES.....1 NO.....2 YES.....1 NO.....2	

305 CHECK 303: NOT A SINGLE "YES" (NEVER USED) ☐

AT LEAST ONE "YES" (EVER USED) ☐ → SKIP TO 308

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
306	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES <input type="checkbox"/> NO <input type="checkbox"/>	→324
307	What have you used or done? CORRECT 303-305 (AND 302 IF NECESSARY).	(ENTER WHAT WAS DONE)	
308	Now I would like to ask you about the time when you first 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"/>	
309	CHECK 223: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→324
310	CHECK 303: WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→312A
311	Are you (or your partner) currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→312
311A	What was the last method used?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 INPLANT.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER96 (SPECIFY)	
311B	For how many months did you use the method continuously?	<input type="text"/>	
311C	Why did you stop using method?	WANT CHILDREN.....01 LACK OF KNOWLEDGE.....02 PARTNER OPPOSED.....03 COST TOO MUCH.....04 SIDE EFFECTS.....05 HEALTH CONCERNS.....06 HARD TO GET METHODS.....07 RELIGION.....08 OPPOSED TO FAMILY PLANNING.....09 FATALISTIC.....10 OTHER PEOPLE OPPOSED.....11 INFREQUENT SEX.....12 DIFFICULT TO GET PREGNANT.....13 MENOPAUSAL/HAD WOMB REMOVED....14 INCONVENIENT.....15 NOT MARRIED.....16 BECAME PREGNANT.....17 OTHER96 (SPECIFY) DK.....98	→324

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	TO
312	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 IMPLANT.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER.....96 (SPECIFY)	318 323
312A	CIRCLE '06' FOR FEMALE STERILIZATION.		
PILL 313	At the time you first started using the pill, did you consult a doctor, a nurse or a midwife for advice?	YES.....1 NO.....2 DK.....8	
314	At the time you last got pills, did you consult a doctor or a nurse?	YES.....1 NO.....2	
315	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 now using? RECORD NAME OF BRAND.	BRAND NAME <input type="text"/> DK.....98	
317	How much does one (packet/cycle) of pills cost you?	COST..... <input type="text"/> FREE.....9996 DK.....9998	
317A	Have you experienced any side effects from the use of the pill?	YES.....1 NO.....2	318
317B	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 (SPECIFY).....H NONE.....I	
318	CHECK 312: SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/> Where did the sterilization take place? Where did you obtain (METHOD) the last time? (NAME OF SOURCE)	PUBLIC SECTOR GOVERNMENT HOSPITAL/POLYCLINIC.....11 GOVERNMENT HEALTH CENTER.....12 FAMILY PLANNING CLINIC.....13 MOBILE CLINIC.....14 FIELD WORKER.....15 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL.....21 PHARMACY/CHEMIST/DRUG STORE.....22 PRIVATE DOCTOR /CLINIC.....23 MOBILE CLINIC.....24 FIELD WORKER.....25 PRIVATE FP/PPAG CLINIC.....26 MATERNITY HOME.....27 OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER.....96 DK.....98	321 321
319	How long does it take to travel from your home to this place? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES.....1 HOURS.....2 DK.....9998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
320	Is it convenient or inconvenient to get there?	CONVENIENT.....1 INCONVENIENT.....2	
321	CHECK 312: SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/>		->323
322	In what month and year was the sterilization operation performed?	MONTH..... YEAR.....	->334
323	For how many months have you been using (CURRENT METHOD) continuously? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS..... 8 YEARS OR LONGER.....96	->329
324	Do you intend to use a method to delay or avoid pregnancy at any time in the future?	YES.....1 NO.....2 DK.....8	->326 ->330
325	What is the main reason why you do not intend to use a method?	WANT CHILDREN.....01 LACK OF KNOWLEDGE.....02 PARTNER OPPOSED.....03 COST TOO MUCH.....04 SIDE EFFECTS.....05 HEALTH CONCERNS.....06 HARD TO GET METHODS.....07 RELIGION.....08 OPPOSED TO FAMILY PLANNING.....09 FATALISTIC.....10 OTHER PEOPLE OPPOSED.....11 INFREQUENT SEX.....12 DIFFICULT TO GET PREGNANT.....13 MENOPAUSAL/HAD WOMB REMOVED.....14 INCONVENIENT.....15 NOT MARRIED.....16 BECAME PREGNANT WHILE USING.....17 OTHER.....96 (SPECIFY) DK.....98	->330
326	Do you intend to use a method within the next 12 months?	YES.....1 NO.....2 DK.....8	
327	When you (or your partner) use a method, which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 INPLANT.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER.....96 (SPECIFY) UNSURE.....98	->330

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO						
328	<p>Where can you get (METHOD MENTIONED IN 327)?</p> <p>(IF MORE THAN ONE, ASK FOR THE NEAREST)</p> <p>_____</p> <p>(NAME OF SOURCE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL/POLYCLINIC..11</p> <p>GOVERNMENT HEALTH CENTER.....12</p> <p>FAMILY PLANNING CLINIC.....13</p> <p>MOBILE CLINIC.....14</p> <p>FIELD WORKER.....15</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL.....21</p> <p>PHARMACY/CHEMIST/DRUG STORE....22</p> <p>PRIVATE DOCTOR/CLINIC.....23</p> <p>MOBILE CLINIC.....24</p> <p>FIELD WORKER.....25</p> <p>PRIVATE FP/PPAG CLINIC26</p> <p>MATERNITY HOME27</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....31</p> <p>CHURCH.....32</p> <p>FRIENDS/RELATIVES.....33</p> <p>OTHER.....96</p> <p>DK.....98</p>	<p>332</p> <p>334</p> <p>332</p> <p>334</p> <p>332</p> <p>334</p> <p>332</p> <p>332</p> <p>334</p> <p>334</p> <p>330</p>						
329	<p>CHECK 312:</p> <p>USING PERIODIC ABSTINENCE, WITHDRAWAL, OTHER TRADITIONAL METHOD <input type="checkbox"/></p> <p>USING A MODERN METHOD <input type="checkbox"/></p>		334						
330	<p>Do you know of a place where you can obtain a modern method of family planning?</p>	<p>YES.....1</p> <p>NO.....2</p>	334						
331	<p>Where is that?</p> <p>(IF MORE THAN ONE ASK FOR THE NEAREST)</p> <p>_____</p> <p>(NAME OF SOURCE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL/POLYCLINIC..11</p> <p>GOVERNMENT HEALTH CENTER.....12</p> <p>FAMILY PLANNING CLINIC.....13</p> <p>MOBILE CLINIC.....14</p> <p>FIELD WORKER.....15</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL OR CLINIC.....21</p> <p>PHARMACY/CHEMIST/DRUG STORE22</p> <p>PRIVATE DOCTOR/CLINIC.....23</p> <p>MOBILE CLINIC.....24</p> <p>FIELD WORKER.....25</p> <p>PRIVATE FP/PPAG CLINIC26</p> <p>MATERNITY HOME27</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....31</p> <p>CHURCH.....32</p> <p>FRIENDS/RELATIVES.....33</p> <p>OTHER.....96</p>	<p>334</p> <p>334</p> <p>334</p> <p>334</p> <p>334</p> <p>334</p> <p>334</p> <p>334</p>						
332	<p>How long does it take to travel from your home to this place?</p> <p>IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.</p>	<p>MINUTES.....1</p> <p>HOURS.....2</p> <p>DK.....9998</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>0</td> <td></td> <td></td> </tr> </table>				0		
0									
333	<p>Is it convenient or inconvenient to get there?</p>	<p>CONVENIENT.....1</p> <p>INCONVENIENT.....2</p>							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
334	In the last month, have you heard or seen a message about family planning :	YES NO	
	on the radio?	RADIO.....1	2
	on television?	TELEVISION.....1	2
	in a newspaper?	NEWSPAPER1	2
	on poster/billboard?	POSTER/BILLBOARD1	2
	from community health nurse?	COMMUNITY HEALTH NURSE1	2
	from family planning worker?	FAMILY PLANNING WORKER1	2
	from friends/relatives?	FRIENDS/RELATIVES1	2
335	Is it acceptable or not acceptable to you for family planning information to be provided on the radio or television?	ACCEPTABLE.....1 NOT ACCEPTABLE.....2 DK.....8	

SECTION 4A. PREGNANCY AND BREASTFEEDING

401 CHECK 222:
ONE OR MORE BIRTHS SINCE JAN. 1990 ☐ NO BIRTHS SINCE JAN. 1990 ☐ (SKIP TO 501)

402 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1990 IN THE TABLE.
ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS,
USE ADDITIONAL FORMS).

Now I would like to ask you some more questions about the health of all your children born in the past three years.
(We will talk about one child at a time.)

LINE NUMBER FROM Q. 212	NAME LAST BIRTH ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME NEXT-TO-LAST BIRTH ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME SECOND-FROM-LAST BIRTH ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
403	<p>At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u> or did you want <u>no (more)</u> children at all?</p> <p>THEN.....1 (SKIP TO 405) <.....</p> <p>LATER.....2</p> <p>NO MORE.....3 (SKIP TO 405) <.....</p>	<p>THEN.....1 (SKIP TO 405) <.....</p> <p>LATER.....2</p> <p>NO MORE.....3 (SKIP TO 405) <.....</p>	<p>THEN.....1 (SKIP TO 405) <.....</p> <p>LATER.....2</p> <p>NO MORE.....3 (SKIP TO 405) <.....</p>
404	<p>How much longer would you like to have waited?</p> <p>MONTHS.....1 <input type="text"/></p> <p>YEARS.....2 <input type="text"/></p> <p>RECORD IN MONTHS IF LESS THAN 2 YEARS</p> <p>DK.....998</p>	<p>MONTHS.....1 <input type="text"/></p> <p>YEARS.....2 <input type="text"/></p> <p>DK.....998</p>	<p>MONTHS.....1 <input type="text"/></p> <p>YEARS.....2 <input type="text"/></p> <p>DK.....998</p>
405	<p>When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?</p> <p>IF YES, Whom did you see? Anyone else?</p> <p>RECORD ALL PERSONS SEEN.</p> <p>HEALTH PROFESSIONAL DOCTOR.....A NURSE.....B MIDWIFE.....C OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E OTHER.....F (SPECIFY) NO ONE.....G (SKIP TO 409) <.....</p>	<p>HEALTH PROFESSIONAL DOCTOR.....A NURSE.....B MIDWIFE.....C OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E OTHER.....F (SPECIFY) NO ONE.....G (SKIP TO 409) <.....</p>	<p>HEALTH PROFESSIONAL DOCTOR.....A NURSE.....B MIDWIFE.....C OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E OTHER.....F (SPECIFY) NO ONE.....G (SKIP TO 409) <.....</p>
406	<p>Were you given an antenatal ID card for this pregnancy?</p> <p>YES.....1 NO.....2 DK.....8</p>	<p>YES.....1 NO.....2 DK.....8</p>	<p>YES.....1 NO.....2 DK.....8</p>
407	<p>How many months pregnant were you when you first saw someone for an antenatal check on this pregnancy?</p> <p>MONTHS.....<input type="text"/></p> <p>DK.....98</p>	<p>MONTHS.....<input type="text"/></p> <p>DK.....98</p>	<p>MONTHS.....<input type="text"/></p> <p>DK.....98</p>
408	<p>How many antenatal visits did you have during this pregnancy?</p> <p>NO. OF VISITS.....<input type="text"/></p> <p>DK.....98</p>	<p>NO. OF VISITS.....<input type="text"/></p> <p>DK.....98</p>	<p>NO. OF VISITS.....<input type="text"/></p> <p>DK.....98</p>
409	<p>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?</p> <p>YES.....1 NO.....2 (SKIP TO 411) <..... DK.....8</p>	<p>YES.....1 NO.....2 (SKIP TO 411) <..... DK.....8</p>	<p>YES.....1 NO.....2 (SKIP TO 411) <..... DK.....8</p>
410	<p>During this pregnancy how many times did you get this injection?</p> <p>TIMES.....<input type="text"/></p> <p>DK.....8</p>	<p>TIMES.....<input type="text"/></p> <p>DK.....8</p>	<p>TIMES.....<input type="text"/></p> <p>DK.....8</p>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
411	Where did you give birth to (NAME)?	HOME YOUR HOME.....11 TBA'S HOME12 OTHER HOME.....13 PUBLIC SECTOR GVT. HOSPITAL/CLINIC...21 GVT. HEALTH CENTER....22 GVT. HEALTH POST.....23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 MATERNITY HOME32 OTHER.....96 (SPECIFY)	HOME YOUR HOME.....11 TBA'S HOME12 OTHER HOME.....13 PUBLIC SECTOR GVT. HOSPITAL/CLINIC...21 GVT. HEALTH CENTER....22 GVT. HEALTH POST.....23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 MATERNITY HOME32 OTHER.....96 (SPECIFY)	HOME YOUR HOME.....11 TBA'S HOME12 OTHER HOME.....13 PUBLIC SECTOR GVT. HOSPITAL/CLINIC...21 GVT. HEALTH CENTER....22 GVT. HEALTH POST.....23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 MATERNITY HOME32 OTHER.....96 (SPECIFY)
412	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR.....A NURSEB MIDWIFEC OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E RELATIVE.....F OTHER.....G (SPECIFY) NO ONE.....N	HEALTH PROFESSIONAL DOCTOR.....A NURSEB MIDWIFEC OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E RELATIVE.....F OTHER.....G (SPECIFY) NO ONE.....N	HEALTH PROFESSIONAL DOCTOR.....A NURSEB MIDWIFEC OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E RELATIVE.....F OTHER.....G (SPECIFY) NO ONE.....N
413	Was (NAME) born on time or prematurely?	ON TIME.....1 PREMATURELY.....2 DK.....8	ON TIME.....1 PREMATURELY.....2 DK.....8	ON TIME.....1 PREMATURELY.....2 DK.....8
414	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
415	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE.....1 LARGER THAN AVERAGE....2 AVERAGE.....3 SMALLER THAN AVERAGE....4 VERY SMALL.....5 DK.....8	VERY LARGE.....1 LARGER THAN AVERAGE....2 AVERAGE.....3 SMALLER THAN AVERAGE....4 VERY SMALL.....5 DK.....8	VERY LARGE.....1 LARGER THAN AVERAGE....2 AVERAGE.....3 SMALLER THAN AVERAGE....4 VERY SMALL.....5 DK.....8
416	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? ASK TO SEE THE WEIGHING CARD AND CORRECT WHERE NECESSARY	KILOGRAMS..... <input type="text"/> . <input type="text"/> DK.....98	KILOGRAMS..... <input type="text"/> . <input type="text"/> DK.....98	KILOGRAMS..... <input type="text"/> . <input type="text"/> DK.....98
417B	Did you receive postnatal care within six weeks after delivery of (NAME)?	YES.....1 NO.....2 (SKIP TO 418) <-----	YES.....1 NO.....2 (SKIP TO 419) <-----	YES.....1 NO.....2 (SKIP TO 419) <-----
417C	Who provided the postnatal care? Anyone else? PROBE FOR ALL PERSONS CONSULTED.	HEALTH PROFESSIONAL DOCTOR.....A NURSEB MIDWIFEC OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E RELATIVE.....F OTHER.....G (specify)	HEALTH PROFESSIONAL DOCTOR.....A NURSEB MIDWIFEC OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E RELATIVE.....F OTHER.....G (specify)	HEALTH PROFESSIONAL DOCTOR.....A NURSEB MIDWIFEC OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E RELATIVE.....F OTHER.....G (specify)

		NAME <u>LAST BIRTH</u>	NAME <u>NEXT-TO-LAST BIRTH</u>	NAME <u>SECOND-FROM-LAST BIRTH</u>
418	Have you had your menstrual period since birth of (NAME)?	YES1 (SKIP TO 420) <—		
		NO.....2 (SKIP TO 421) <—		
419	Did you have your menstrual period between the birth of (NAME) and your next pregnancy?		YES1 NO.....2 (SKIP TO 423) <—	YES1 NO.....2 (SKIP TO 423) <—
420	For how many months after the birth of (NAME) did you <u>not</u> have a menstrual period?	MONTHS..... DK.....98	MONTHS..... DK.....98	MONTHS..... DK.....98
421	CHECK 223: RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT 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..... DK.....98	MONTHS..... DK.....98	MONTHS..... DK.....98
424	Did you ever breastfeed (NAME)?	YES.....1 (SKIP TO 426) <— NO.....2	YES.....1 (SKIP TO 433) <— NO.....2	YES.....1 (SKIP TO 433) <— NO.....2
425	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 435) <—	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 435) <—	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 435) <—
426	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 DAYS..... 2		
427	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 433)		
428	Are you still breast-feeding (NAME)?	YES.....1 NO.....2 (SKIP TO 433) <—		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																														
429	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/>																																
430	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/>																																
431	At any time yesterday or last night was (NAME) given any of the following?: Plain water? Sugar water? Juice? Herbal tea? Baby formula? Fresh milk? Tinned or powdered milk? Other liquids? Any solid or mushy food?	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>PLAIN WATER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SUGAR WATER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>JUICE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HERBAL TEA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BABY FORMULA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>FRESH MILK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TINNED/POWDERED MILK..</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER LIQUIDS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SOLID/MUSHY FOOD.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	PLAIN WATER.....	1	2	SUGAR WATER.....	1	2	JUICE.....	1	2	HERBAL TEA.....	1	2	BABY FORMULA.....	1	2	FRESH MILK.....	1	2	TINNED/POWDERED MILK..	1	2	OTHER LIQUIDS.....	1	2	SOLID/MUSHY FOOD.....	1	2		
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SOLID/MUSHY FOOD.....	1	2																																
432	CHECK 431: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE OR MORE <input type="checkbox"/> ↓ (SKIP TO 437)	"NO" TO ALL <input type="checkbox"/> ↓ (SKIP TO 436)																															
433	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> UNTIL DIED.....96 (SKIP TO 436)←	MONTHS..... <input type="text"/> UNTIL DIED.....96 (SKIP TO 436)←	MONTHS..... <input type="text"/> UNTIL DIED.....96 (SKIP TO 436)←																														
434	Why did you stop breastfeeding (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 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 INSUFFICIENT 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 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....96 (SPECIFY)																														
435	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 437)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 437)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 437)																														
436	Was (NAME) ever given water or anything else to drink or eat (other than breastmilk)?	YES.....1 NO.....2 (SKIP TO 440)←	YES.....1 NO.....2 (SKIP TO 440)←	YES.....1 NO.....2 (SKIP TO 440)←																														

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
437	<p>How many months old was (NAME) when you started giving the following on a regular basis?:</p> <p>Formula or milk other than breastmilk?</p> <p>Plain water? (water without any additive)</p> <p>Other liquids? (Koko, rice water, etc)</p> <p>Any solid or mushy food? (Weanix, mashed yam, mpotompoto, etc.)</p> <p>IF LESS THAN 1 MONTH, RECORD '00'.</p>	<p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p> <p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p> <p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p> <p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p>	<p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p> <p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p> <p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p> <p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p> <p>(SKIP TO 440)</p>	<p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p> <p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p> <p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p> <p>AGE IN MONTHS..... <input type="text"/> <input type="text"/></p> <p>NOT GIVEN.....96</p> <p>(SKIP TO 440)</p>
438	<p>CHECK 216:</p> <p>CHILD ALIVE?</p>	<p>ALIVE <input type="checkbox"/></p> <p>DEAD <input type="checkbox"/></p> <p>(SKIP TO 440)</p>		
439	<p>Did (NAME) drink anything from a bottle with a nipple yesterday or last night?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>		
440	GO BACK TO 403 FOR NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO FIRST COLUMN OF 441			

SECTION 4B. IMMUNIZATION AND HEALTH

441 ENTER THE LINE NUMBER AND NAME OF EACH BIRTH SINCE JANUARY 1990 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).

LINE NUMBER FROM Q. 212	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>																																																																																																												
	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH																																																																																																												
	NAME	NAME	NAME																																																																																																												
	<div style="display: flex; justify-content: space-around;"> <div>ALIVE <input type="checkbox"/></div> <div>DEAD <input type="checkbox"/></div> </div>	<div style="display: flex; justify-content: space-around;"> <div>ALIVE <input type="checkbox"/></div> <div>DEAD <input type="checkbox"/></div> </div>	<div style="display: flex; justify-content: space-around;"> <div>ALIVE <input type="checkbox"/></div> <div>DEAD <input type="checkbox"/></div> </div>																																																																																																												
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)← YES, NOT SEEN.....2 (SKIP TO 446)← NO CARD.....3	YES, SEEN.....1 (SKIP TO 444)← YES, NOT SEEN.....2 (SKIP TO 446)← NO CARD.....3	YES, SEEN.....1 (SKIP TO 444)← YES, NOT SEEN.....2 (SKIP TO 446)← NO CARD.....3																																																																																																												
443 Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 446)← NO.....2	YES.....1 (SKIP TO 446)← NO.....2	YES.....1 (SKIP TO 446)← NO.....2																																																																																																												
444 (1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE RECORDED.	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th></th> <th>DAY</th> <th>MO</th> <th>YR</th> </tr> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> </table>		DAY	MO	YR	BCG				P1				P2				P3				D1				D2				D3				MEA				<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th></th> <th>DAY</th> <th>MO</th> <th>YR</th> </tr> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> </table>		DAY	MO	YR	BCG				P1				P2				P3				D1				D2				D3				MEA				<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th></th> <th>DAY</th> <th>MO</th> <th>YR</th> </tr> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> </table>		DAY	MO	YR	BCG				P1				P2				P3				D1				D2				D3				MEA			
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445 Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO 1-3 AND/OR MEASLES VACCINE(S).	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 444) ← NO.....2 DK.....8 (SKIP TO 448) ←	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 444) ← NO.....2 DK.....8 (SKIP TO 448) ←	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 444) ← NO.....2 DK.....8 (SKIP TO 448) ←																																																																																																												
446 Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 448)← DK.....8	YES.....1 NO.....2 (SKIP TO 448)← DK.....8	YES.....1 NO.....2 (SKIP TO 448)← DK.....8																																																																																																												

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
447	Please tell me if (NAME) (has) received any of the following vaccinations: A BCG vaccination against tuberculosis, that is, an injection in the right shoulder that caused a scar? Polio vaccine, that is, drops in the mouth? IF YES: How many times? An injection against measles?	YES.....1 NO.....2 DK.....8 YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8 YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8 YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> YES.....1 NO.....2 DK.....8
448	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 450)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 450)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 450)
449	GO BACK TO 442 FOR NEXT COLUMN; OR, IF NO MORE BIRTHS, SKIP TO 480.			
450	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 DK.....3 (SKIP TO 455)←	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
451	Was anything given to treat the fever?	YES.....1 NO.....2 (SKIP TO 453)← DK.....8	YES.....1 NO.....2 (SKIP TO 453)← DK.....8	YES.....1 NO.....2 (SKIP TO 453)← DK.....8
452	What was given 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 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)
453	Did you seek advice or treatment for the fever?	YES.....1 NO.....2 (SKIP TO 455)←	YES.....1 NO.....2 (SKIP TO 455)←	YES.....1 NO.....2 (SKIP TO 455)←
454	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL/CLINIC.....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER..E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PHARMACY/DRUGST./CHEMIST..G PRIVATE DOCTOR/CLINIC....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER..J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL/CLINIC.....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER..E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PHARMACY/DRUGST./CHEMIST..G PRIVATE DOCTOR/CLINIC....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER..J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL/CLINIC.....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER..E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PHARMACY/DRUGST./CHEMIST..G PRIVATE DOCTOR/CLINIC....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER..J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
455	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 460)<----- DK.....8	YES.....1 NO.....2 (SKIP TO 460)<----- DK.....8	YES.....1 NO.....2 (SKIP TO 460)<----- DK.....8
456	Has (NAME) been ill with a cough in the last 24 hours?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
457	For how many days (has the cough lasted/did the cough last)? IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>
458	When (NAME) had the illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
459A	Was anything given to treat the cough?	YES.....1 NO.....2 (SKIP TO 459C)<----- DK.....8	YES.....1 NO.....2 (SKIP TO 459C)<----- DK.....8	YES.....1 NO.....2 (SKIP TO 459C)<----- DK.....8
459B	What was given to treat the cough? 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 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)
459C	Did you seek advice or treatment for the cough?	YES.....1 NO.....2 (SKIP TO 460)<-----	YES.....1 NO.....2 (SKIP TO 460)<-----	YES.....1 NO.....2 (SKIP TO 460)<-----
459D	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL/CLINIC.....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER.....E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PHARMACY/DRUGST./CHEMIST.....G PRIVATE DOCTOR/CLINIC.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER.....J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL/CLINIC.....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER.....E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PHARMACY/DRUGST./CHEMIST.....G PRIVATE DOCTOR/CLINIC.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER.....J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL/CLINIC.....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER.....E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PHARMACY/DRUGST./CHEMIST.....G PRIVATE DOCTOR/CLINIC.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER.....J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)
460	Has (NAME) had diarrhoea in the last two weeks?	YES.....1 (SKIP TO 462)<----- NO.....2 DK.....8	YES.....1 (SKIP TO 462)<----- NO.....2 DK.....8	YES.....1 (SKIP TO 462)<----- NO.....2 DK.....8
461	GO BACK TO 442 FOR NEXT COLUMN; OR, IF NO MORE BIRTHS, SKIP TO 480			
462	Has (NAME) had diarrhoea in the last 24 hours?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
463	For how many days (has the diarrhoea lasted/did the diarrhoea last)? IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>

		NAME _____ LAST BIRTH	NAME _____ NEXT-TO-LAST BIRTH	NAME _____ SECOND-FROM-LAST BIRTH
464	Was there any blood in the stools?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8 (SKIP TO 468)	YES.....1 NO.....2 DK.....8 (SKIP TO 468)
465	CHECK 424/428: LAST CHILD STILL BREASTFED?	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 468)		
466	During (NAME)'s diarrhoea, did you change the frequency of breastfeeding?	YES.....1 NO.....2 (SKIP TO 468)←		
467	Did you <u>increase</u> the number of breastfeeds or <u>reduce</u> them, or did you <u>stop completely</u> ?	INCREASED.....1 REDUCED.....2 STOPPED COMPLETELY.....3		
468	(Aside from breastmilk) Was he/she given the same amount to drink as before the diarrhoea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8
469	Was anything given to treat the diarrhoea?	YES.....1 NO.....2 (SKIP TO 471)← DK.....8	YES.....1 NO.....2 (SKIP TO 471)← DK.....8	YES.....1 NO.....2 (SKIP TO 471)← DK.....8
470	What was given to treat the diarrhoea? Anything else? RECORD ALL MENTIONED.	FLUID FROM ORS PACKET....A RECOMMENDED HOME FLUID...B ANTIBIOTIC (PILL OR SYRUP).....C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)	FLUID FROM ORS PACKET....A RECOMMENDED HOME FLUID...B ANTIBIOTIC (PILL OR SYRUP).....C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)	FLUID FROM ORS PACKET....A RECOMMENDED HOME FLUID...B ANTIBIOTIC (PILL OR SYRUP).....C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)
471	Did you seek advice or treatment for the diarrhoea?	YES.....1 NO.....2 (SKIP TO 473)←	YES.....1 NO.....2 (SKIP TO 473)←	YES.....1 NO.....2 (SKIP TO 473)←
472	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL/CLINIC....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER..E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PHARMACY/DRUGST/CHEMIST..G PRIVATE DOCTOR.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER..J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL/CLINIC....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER..E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PHARMACY/DRUGST/CHEMIST..G PRIVATE DOCTOR.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER..J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL/CLINIC....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER..E MEDICAL PRIVATE SECTOR PVT. HOSPITAL.....F PHARMACY/DRUGST/CHEMIST..G PRIVATE DOCTOR.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER..J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)
473	CHECK 470: ORS FLUID FROM PACKET MENTIONED?	NO, ORS FLUID NOT MENTIONED <input type="checkbox"/> ↓ (SKIP TO 475B)	YES, ORS FLUID MENTIONED <input type="checkbox"/> ↓ (SKIP TO 475B)	NO, ORS FLUID NOT MENTIONED <input type="checkbox"/> ↓ (SKIP TO 475B)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
474	Was (NAME) given PHERMEROL when he/she had the diarrhoea?	YES.....1 (SKIP TO 475B)← NO.....2 DK.....8	YES.....1 (SKIP TO 475B)← NO.....2 DK.....8	YES.....1 (SKIP TO 475B)← NO.....2 DK.....8
475A	Was (NAME) given ORS when he/she had the diarrhoea?	YES.....1 NO.....2 (SKIP TO 476)← DK.....8	YES.....1 NO.....2 (SKIP TO 476)← DK.....8	YES.....1 NO.....2 (SKIP TO 476)← DK.....8
475B	For how many days was (NAME) given (PHERMEROL) (ORS)? IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98
476	CHECK 470: RECOMMENDED HOME FLUID MENTIONED?	NO, HOME FLUID NOT MENTIONED <input type="checkbox"/> ↓ YES, HOME FLUID MENTIONED <input type="checkbox"/> ↓ (SKIP TO 478)	NO, HOME FLUID NOT MENTIONED <input type="checkbox"/> ↓ YES, HOME FLUID MENTIONED <input type="checkbox"/> ↓ (SKIP TO 478)	NO, HOME FLUID NOT MENTIONED <input type="checkbox"/> ↓ YES, HOME FLUID MENTIONED <input type="checkbox"/> ↓ (SKIP TO 478)
477	Was (NAME) given a recommended home fluid made from eg. rice water, kenkey water when he/she had the diarrhoea?	YES.....1 NO.....2 (SKIP TO 479)← DK.....8	YES.....1 NO.....2 (SKIP TO 479)← DK.....8	YES.....1 NO.....2 (SKIP TO 479)← DK.....8
478	For how many days was (NAME) given the fluid made from eg. rice water, kenkey water? IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98
479	GO BACK TO 442 FOR NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 480			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
480	CHECK 470, 474 AND 475A (ALL COLUMNS): ORS FLUID FROM PACKET GIVEN TO ANY CHILD <input type="checkbox"/>	ORS FLUID FROM PACKET NOT GIVEN TO ANY CHILD OR 470, 474 AND 475A NOT ASKED <input type="checkbox"/>	→484
481	Have you ever heard of a special product called ORS which you can get for the treatment of diarrhoea?	YES.....1 NO.....2	→483
482	Have you ever seen a packet like this before? SHOW PACKET.	YES.....1 NO.....2	→487
483	Have you ever prepared a solution with one of these packets to treat diarrhoea in yourself or someone else? SHOW PACKET.	YES.....1 NO.....2	→486
484	The last time you prepared the ORS, did you prepare the whole packet at once or only part of the packet?	WHOLE PACKET AT ONCE.....1 PART OF PACKET.....2	→486
485	How much water did you use to prepare ORS the last time you made it?	1½ LITER.....01 1 LITER.....02 1 1½ LITERS.....03 1 BEER BOTTLE.....04 FOLLOWED PACKAGE INSTRUCTIONS..05 OTHER.....96 (SPECIFY) DK.....98	
486	Where can you get the ORS or PHERMEROL packet? PROBE: Anywhere else? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL/CLINIC.....A GOVERNMENT HEALTH CENTER.....B GOVERNMENT HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER.....E MEDICAL PRIVATE SECTOR PRIVATE HOSPITALF PHARMACY/DRUG STORE/CHEMIST....G PRIVATE CLINIC/DOCTOR.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER.....J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)	
487	CHECK 470 AND 477 (ALL COLUMNS): HOME-MADE FLUID GIVEN TO ANY CHILD <input type="checkbox"/>	HOME-MADE FLUID NOT GIVEN TO ANY CHILD OR 470 AND 477 NOT ASKED <input type="checkbox"/>	→501
488	Where did you learn to prepare the recommended home fluid made from sugar, salt and water given to (NAME) when he/she had diarrhoea?	PUBLIC SECTOR GOVERNMENT HOSPITAL/CLINIC....11 GOVERNMENT HEALTH CENTER.....12 GOVERNMENT HEALTH POST.....13 MOBILE PUBLIC SECTOR.....14 COMMUNITY HEALTH WORKER.....15 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL21 PHARMACY/DRUG STORE/CHEMIST...22 PRIVATE CLINIC/DOCTOR.....23 MOBILE CLINIC.....24 COMMUNITY HEALTH WORKER.....25 OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER.....31 SHOP.....32 OTHER.....96 (SPECIFY)	