

DEMOGRAPHIC AND HEALTH SURVEYS
 MODEL WOMAN'S QUESTIONNAIRE

[NAME OF COUNTRY]
 [NAME OF ORGANIZATION]

IDENTIFICATION (1)								
PLACE NAME _____								
NAME OF HOUSEHOLD HEAD _____								
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
NAME AND LINE NUMBER OF WOMAN _____								
INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	DAY <table border="1" style="width: 20px; height: 20px; float: right;"></table>				
				MONTH <table border="1" style="width: 20px; height: 20px; float: right;"></table>				
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="width: 20px; height: 20px; float: right;"></table>				
RESULT*	_____	_____	_____	INT. NO. <table border="1" style="width: 20px; height: 20px; float: right;"></table>				
				RESULT* <table border="1" style="width: 20px; height: 20px; float: right;"></table>				
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 20px; height: 20px; float: right;"></table>				
TIME	_____	_____						
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ SPECIFY 3 POSTPONED 6 INCAPACITATED								
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px;">0</table> <table border="1" style="width: 20px; height: 20px;">1</table>	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>			
				TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 20px; height: 20px;"></table>				
LANGUAGE OF QUESTIONNAIRE**	ENGLISH							
	**LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5 02 LANGUAGE 2 04 LANGUAGE 4 06 LANGUAGE 6							
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR				
NAME	<table border="1" style="width: 40px; height: 20px;"></table>	NAME	<table border="1" style="width: 40px; height: 20px;"></table>	<table border="1" style="width: 40px; height: 20px;"></table>				
	NUMBER		NUMBER	NUMBER				
				KEYED BY				
				<table border="1" style="width: 40px; height: 20px;"></table>				
				NUMBER				

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

INTRODUCTION AND CONSENT

(1)

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

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

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . . 1
↓

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

SECTION 1. RESPONDENT'S BACKGROUND

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

SECTION 2. REPRODUCTION

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

SECTION 2. REPRODUCTION

214 Now I would like to record all your pregnancies including live births, stillbirths, miscarriages, and abortions, starting with your first pregnancy. RECORD ALL PREGNANCIES IN 215-228. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE ARE MORE THAN 4 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.							
215	216	217	218	219	220	221	222
Think back to your (first/next) pregnancy. Was that a single or multiple pregnancy? PREG-NANCY HISTORY LINE NUMBER	Was the baby born alive, born dead, or did you have a miscarriage or abortion?	Did the baby cry, move, or breathe?	What name was given to the baby? RECORD NAME.	Is (NAME) a boy or a girl?	CHECK 216 AND 217: TYPE OF PREGNANCY OUTCOME. NOTE: IF 217=1, THEN PREGNANCY OUTCOME= BORN ALIVE. IF BORN ALIVE, ASK: On what day, month, and year was (NAME) born? IF BORN DEAD, A MISCARRIAGE, OR AN ABORTION, ASK: On what day, month, and year did this pregnancy end?	How long did this pregnancy last in weeks or months? RECORD IN COMPLETED WEEKS OR MONTHS.	Were there any other pregnancies between the previous pregnancy and this pregnancy?
01 SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 218) ← BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 220) ← ABORTION 4	YES 1 NO 2 (SKIP TO 220)	_____ NAME	BOY 1 GIRL 2	DAY [][] MONTH [][] YEAR [][][]	WEEKS 1 [][] MONTHS 2 [][]	
02 SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 218) ← BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 220) ← ABORTION 4	YES 1 NO 2 (SKIP TO 220)	_____ NAME	BOY 1 GIRL 2	DAY [][] MONTH [][] YEAR [][][]	WEEKS 1 [][] MONTHS 2 [][]	YES 1 (ADD PREGNANCY) ↓ NO 2 (NEXT PREGNANCY) ↓
03 SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 218) ← BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 220) ← ABORTION 4	YES 1 NO 2 (SKIP TO 220)	_____ NAME	BOY 1 GIRL 2	DAY [][] MONTH [][] YEAR [][][]	WEEKS 1 [][] MONTHS 2 [][]	YES 1 (ADD PREGNANCY) ↓ NO 2 (NEXT PREGNANCY) ↓
04 SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 218) ← BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 220) ← ABORTION 4	YES 1 NO 2 (SKIP TO 220)	_____ NAME	BOY 1 GIRL 2	DAY [][] MONTH [][] YEAR [][][]	WEEKS 1 [][] MONTHS 2 [][]	YES 1 (ADD PREGNANCY) ↓ NO 2 (NEXT PREGNANCY) ↓

SECTION 2. REPRODUCTION

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

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
229	Have you had any pregnancies that ended since the last pregnancy mentioned?	YES 1 (RECORD PREGNANCY OUTCOMES IN TABLE) ← NO 2	
230	COMPARE 212 WITH NUMBER OF PREGNANCY OUTCOMES IN PREGNANCY HISTORY NUMBER IN PREGNANCY HISTORY IS GREATER THAN OR EQUAL TO 212 <input type="checkbox"/>	NUMBER IN PREGNANCY HISTORY IS LESS THAN 212 <input type="checkbox"/> (PROBE AND RECONCILE) ←	
231	<p>C FOR EACH LIVE BIRTH IN 2015-2020, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH LIVE BIRTH, RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p> <p>FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2015-2020, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p> <p>IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.</p>		
232	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 236
233	How many weeks or months pregnant are you? RECORD NUMBER OF COMPLETED WEEKS OR MONTHS. <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS. IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.</p>	WEEKS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/>	
234	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 236
235	CHECK 208: TOTAL NUMBER OF LIVE BIRTHS ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> a) Did you want to have a baby later on or did you not want any more children? b) Did you want to have a baby later on or did you not want any children?	LATER 1 NO MORE/NONE 2	

SECTION 2. REPRODUCTION

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

(1) Adapt response categories locally, as needed.

SECTION 3. CONTRACEPTION

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





SECTION 3. CONTRACEPTION

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

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
311	<p>What is the brand name of the condoms you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>BRAND A 01 BRAND B 02 BRAND C 03</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 314</p>						
312 (7)	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 MOBILE CLINIC 14 OTHER PUBLIC SECTOR</p> <p>_____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 PRIVATE DOCTOR'S OFFICE 23 MOBILE CLINIC 24 OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26 (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31 NGO CLINIC 32 OTHER NGO MEDICAL SECTOR</p> <p>_____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>							
313	<p>In what month and year was the sterilization performed?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>							<p>→ 315</p>
314	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>							
315	<p>CHECK 313 AND 314, AND 220: ANY LIVE BIRTH, STILLBIRTH, MISSCARRIAGE OR ABORTION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 313 OR 314?</p> <p style="text-align: center;"> NO <input type="checkbox"/> YES <input type="checkbox"/> </p> <p style="text-align: center;"> GO BACK TO 313 OR 314, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION). </p>								

SECTION 3. CONTRACEPTION (PAPER OPTION) (8)

<p>316 (9)</p>	<p>CHECK 313 AND 314:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>YEAR IS 2015-2020 </p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>THEN CONTINUE </p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>YEAR IS 2014 OR EARLIER </p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2015 .</p> <p>THEN  (SKIP TO 329)</p> </div> </div>
<p>317 (9)</p>	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2015. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>C IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ol style="list-style-type: none"> a) When was the last time you used a method? Which method was that? b) When did you start using that method? How long after the birth of (NAME)? c) How long did you use the method then? <p>C IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ol style="list-style-type: none"> d) Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? e) IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.

SECTION 3. CONTRACEPTION (CAPI OPTION) (8)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316 (9)	<p>CHECK 313 AND 314:</p> <p>YEAR IS 2015-2020 <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>THEN CONTINUE ↓</p>	<p>YEAR IS 2014 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2015 .</p> <p>THEN ↖ (SKIP TO 329)</p>	
317 (9)	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2015. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p>		
317A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	<p>YES 1</p> <p>NO 2</p>	→ 317I
317C	Which method was that?	METHOD CODE <input type="text"/>	
317D	<p>How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)?</p> <p>CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.</p>	<p>IMMEDIATELY 00</p> <p>MONTHS <input type="text"/> <input type="text"/></p> <p>DATE GIVEN 95</p>	→ 317F
317E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317F	<p>For how many months did you use (METHOD)?</p> <p>CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DATE GIVEN 95</p>	→ 317H
317G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317H	Why did you stop using (METHOD)?	REASON STOPPED <input type="text"/>	
317I	GO BACK TO 317A FOR NEXT GAP; OR, IF NO MORE GAPS, GO TO 318.		

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318 (1)	Have you used emergency contraception in the last 12 months? That is, have you taken special pills within 3 days after having unprotected sexual intercourse to prevent pregnancy?	YES 1 NO 2	
319	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/>	ANY METHOD USED <input type="checkbox"/>	→ 321
320	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 331
321	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 LACTATIONAL AMENORRHEA METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 331 → 324 → 332 → 332 → 332

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322 (7)	<p>You first started using (CURRENT METHOD) in (DATE FROM 314). Where did you get it at that time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER 15</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PHARMACY 23</p> <p>PRIVATE DOCTOR 24</p> <p>MOBILE CLINIC 25</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER 26</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 27 (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 36 (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>CHURCH 42</p> <p>FRIEND/RELATIVE 43</p> <p>OTHER _____ 96 (SPECIFY)</p>	
323	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 325
324	When you got sterilized, were you told about side effects or problems you might have with the method?	YES 1 NO 2	
325	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
326	At that time, were you told about other methods of family planning that you could use?	YES 1 NO 2	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327 (2)	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 OTHER MODERN METHOD 95	→ 332
328	At that time, were you told that you could switch to another method if you wanted to or needed to?	YES 1 NO 2	→ 330
329	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 LACTATIONAL AMENORRHEA METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 332 → 332 → 332

SECTION 3. CONTRACEPTION

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

SECTION 3. FOOTNOTES

- (1) Studies have indicated emergency contraception can be effective up to 5 days. Verify country program recommendations and modify wording if appropriate.
- (2) The Standard Days Method (SDM) should be deleted in countries that do not have an SDM program. In these countries, SDM should also be deleted as a coding category in Qs. 307, 321, 327, 329, 726, and Column 1 of the calendar.
- (3) The LAM method should be deleted in countries that do not have a LAM program. In these countries, LAM should also be deleted as a coding category in Qs. 307, 321, 327, 329, 726, and Column 1 of the calendar.
- (4) Can be deleted in countries with very low sterilization coverage.
- (5) Other commonly used methods may be added to the list, such as contraceptive patch, contraceptive vaginal ring, or sponge. Any codes added in Q. 307 must also be added to Qs. 321, 327, 329, 726, and Column 1 of the calendar. These methods should not be added to Q. 301.
- (6) Questions on Sayana Press should be deleted if the country does not have a Sayana Press program.
- (7) Coding categories to be developed locally; however, the broad categories must be maintained.
- (8) If the survey will be conducted using paper questionnaires, delete 316-317I under CAPI OPTION. If the survey will be conducted using CAPI, delete 316-317 under PAPER OPTION.
- (9) Year of fieldwork is assumed to be 2020. For fieldwork beginning in 2021, all references to calendar years should be increased by one; for example, 2014 should be changed to 2015, 2015 should be changed to 2016, 2016 should be changed to 2017, and similarly for all years throughout the questionnaire.
- (10) In countries without national fieldworker programs that include family planning, Qs. 332 and 333 should be deleted.

SECTION 4. PREGNANCY AND POSTNATAL CARE

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

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
409	<p>CHECK 208:</p> <p>ONLY ONE LIVE BIRTH <input type="checkbox"/></p> <p>MORE THAN ONE LIVE BIRTH <input type="checkbox"/></p> <p>a) Did you want to have a baby later on, or did you not want any children?</p> <p>b) Did you want to have a baby later on, or did you not want any more children?</p>	<p>LATER 1</p> <p>NO MORE/NONE 2</p>	→ 411
410	How much longer did you want to wait?	<p>MONTHS 1 <input type="text"/> <input type="text"/></p> <p>YEARS 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
411	CHECK 405: PREGNANCY OUTCOME TYPE	<p>MOST RECENT LIVE BIRTH 1</p> <p>PRIOR LIVE BIRTH 2</p> <p>MOST RECENT STILLBIRTH 3</p> <p>PRIOR STILLBIRTH 4</p> <p>ABORTION/MISCARRIAGE 5</p>	<p>→ 434</p> <p>→ 434</p> <p>→ 475</p>
412	Did you see anyone for antenatal care for this pregnancy?	<p>YES 1</p> <p>NO 2</p>	→ 414
413	CHECK 405: PREGNANCY OUTCOME TYPE	<p>MOST RECENT LIVE BIRTH <input type="checkbox"/> (SKIP TO 420) ←</p> <p>MOST RECENT STILLBIRTH <input type="checkbox"/> →</p>	→ 426
414 (1)	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE B</p> <p>AUXILIARY MIDWIFE C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT D</p> <p>COMMUNITY HEALTH WORKER/ FIELD WORKER E</p> <p>OTHER _____ X (SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>																																	
415 (1)	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>HOME</p> <p>HER HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL C</p> <p>GOVERNMENT HEALTH CENTER D</p> <p>GOVERNMENT HEALTH POST E</p> <p>OTHER PUBLIC SECTOR _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL G</p> <p>PRIVATE CLINIC H</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ I (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL J</p> <p>NGO CLINIC K</p> <p>OTHER NGO MEDICAL SECTOR _____ L (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>																																	
416	<p>How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>WEEKS 1 <input type="text"/> <input type="text"/></p> <p>MONTHS 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>																																	
417	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																																	
418	<p>As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following at least once:</p> <p>a) Measure your blood pressure?</p> <p>b) Take a urine sample?</p> <p>c) Take a blood sample?</p> <p>d) Listen to the baby's heartbeat?</p> <p>e) Talk with you about which foods you should eat?</p> <p>f) Talk with you about breastfeeding?</p> <p>g) Ask you if you had vaginal bleeding?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) BP</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) URINE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) BLOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) HEARTBEAT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) FOODS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) BREASTFEED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) BLEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) BP	1	2	8	b) URINE	1	2	8	c) BLOOD	1	2	8	d) HEARTBEAT	1	2	8	e) FOODS	1	2	8	f) BREASTFEED	1	2	8	g) BLEEDING	1	2	8	
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e) FOODS	1	2	8																																
f) BREASTFEED	1	2	8																																
g) BLEEDING	1	2	8																																
419	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT LIVE BIRTH <input type="checkbox"/></p>	<p>MOST RECENT STILLBIRTH <input type="checkbox"/></p>	<p>→ 426</p>																																
420 (2)	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus after birth?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 423</p>																																

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
421	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8	
422	CHECK 421: ONE TIME <input type="checkbox"/> OR DK ↓ TWO OR MORE TIMES <input type="checkbox"/> → 426		
423	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 DON'T KNOW 8	→ 426
424	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8	
425	CHECK 424: ONLY <input type="checkbox"/> ONE ↓ a) How many years ago did you receive that tetanus injection? MORE <input type="checkbox"/> THAN ONE ↓ b) How many years ago did you receive the last tetanus injection prior to this pregnancy?		YEARS AGO <input type="text"/> <input type="text"/>
426 (3)	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP/MULTIPLE MICRONUTRIENT SUPPLEMENT.	YES 1 NO 2 DON'T KNOW 8	→ 429

SECTION 4. PREGNANCY AND POSTNATAL CARE

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

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
433 (7)	<p>Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source?</p> <p>IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.</p>	<p>ANTENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 6</p>	
434 (1)	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="checkbox"/> 1 OR 2 ↓ PREGNANCY TYPE <input type="checkbox"/> 3 OR 4 ↓</p> <p>a) Who assisted with the delivery of (NAME)? Anyone else?</p> <p>b) Who assisted with the delivery of the stillbirth you had in (DATE FROM 406)?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENANT D RELATIVE/FRIEND E</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE ASSISTED Y</p>	
435 (1)	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="checkbox"/> 1 OR 2 ↓ PREGNANCY TYPE <input type="checkbox"/> 3 OR 4 ↓</p> <p>a) Where did you give birth to (NAME)?</p> <p>b) Where did you deliver this stillbirth?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME HER HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT HEALTH CENTER 22 GOVERNMENT HEALTH POST 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>NGO MEDICAL SECTOR NGO HOSPITAL 41 NGO CLINIC 42 OTHER NGO MEDICAL SECTOR _____ 46 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 437</p> <p>→ 437</p>
436	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="checkbox"/> 1 OR 2 ↓ PREGNANCY TYPE <input type="checkbox"/> 3 OR 4 ↓</p> <p>a) Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p> <p>b) Was this stillbirth delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES 1 NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
437	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4	→ 441 → 445 → 488
438	After the birth, was (NAME) put on your chest?	YES 1 NO 2 DON'T KNOW 8	→ 441
439	Was (NAME)'s bare skin touching your bare skin?	YES 1 NO 2 DON'T KNOW 8	→ 441
440	How long after birth was (NAME) put on the bare skin of your chest? 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"/>	
441	When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	
442	Was (NAME) weighed at birth?	YES 1 NO 2 DON'T KNOW 8	→ 444
443	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	
444	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH <input type="checkbox"/> PRIOR LIVE BIRTH <input type="checkbox"/>	→ 480
445	CHECK 435: PLACE OF DELIVERY	FACILITY BIRTH: ANY CODE 21 THROUGH 46 CIRCLED <input type="checkbox"/> CODE 11, 12, OR 96 CIRCLED <input type="checkbox"/>	→ 464
446	Did the doctors, nurses, or other staff at the facility treat you with respect all of the time, some of the time, or not at all?	ALL OF THE TIME 1 SOME OF THE TIME 2 NOT AT ALL 3	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
447	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="checkbox"/> 1 ↓</p> <p>PREGNANCY TYPE <input type="checkbox"/> 3 ↓</p> <p>a) How long after (NAME) was delivered did you stay in (FACILITY IN 435)?</p> <p>b) For the stillbirth you had in (DATE FROM 406), how long after the baby was born did you stay in (FACILITY IN 435)?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
448	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you.</p> <p>Before you left the facility, did anyone check on your health?</p>	<p>YES 1</p> <p>NO 2</p>	→ 451
449	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
450 (1)	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE 12</p> <p>AUXILIARY MIDWIFE 13</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENANT 21</p> <p>COMMUNITY HEALTH WORKER/ FIELD WORKER 22</p> <p>OTHER _____ 96 (SPECIFY)</p>	
451	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT LIVE BIRTH <input type="checkbox"/> ↓</p>	<p>MOST RECENT STILLBIRTH <input type="checkbox"/> →</p>	→ 455
452	<p>Now I would like to talk to you about checks on (NAME'S) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME).</p> <p>Before (NAME) left the facility, did anyone check on (NAME'S) health?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 455
453	<p>How long after delivery was (NAME)'s health first checked?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <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>							
454 (1)	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 AUXILIARY MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENANT 21 COMMUNITY HEALTH WORKER/ FIELD WORKER 22 OTHER _____ 96 (SPECIFY)							
455	Now I would like to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES 1 NO 2	→ 459						
456	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <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> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 998							
457 (1)	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 AUXILIARY MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENANT 21 COMMUNITY HEALTH WORKER/ FIELD WORKER 22 OTHER _____ 96 (SPECIFY)							
458 (1)	Where did the check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT HEALTH CENTER 22 GOVERNMENT HEALTH POST 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL 41 NGO CLINIC 42 OTHER NGO MEDICAL SECTOR _____ 46 (SPECIFY) OTHER _____ 96 (SPECIFY)							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	
459	CHECK 405: PREGNANCY OUTCOME TYPE		
	MOST RECENT LIVE BIRTH <input type="checkbox"/>	MOST RECENT STILLBIRTH <input type="checkbox"/>	→ 474
460	After (NAME) left (FACILITY IN 435) did any health care provider or a traditional birth attendant check on (NAME)'s health?	YES 1 NO 2 DON'T KNOW 8	→ 473
461	How long after the birth of (NAME) did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> DAYS 2 <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> WEEKS 3 <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> DON'T KNOW 998	
462 (1)	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 AUXILIARY MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENANT 21 COMMUNITY HEALTH WORKER/ FIELD WORKER 22 OTHER _____ 96 (SPECIFY)	
463 (1)	Where did this check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT HEALTH CENTER 22 GOVERNMENT HEALTH POST 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL 41 NGO CLINIC 42 OTHER NGO MEDICAL SECTOR _____ 46 (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 473

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
464	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="checkbox"/> 1 ↓</p> <p>PREGNANCY TYPE <input type="checkbox"/> 3 ↓</p> <p>a) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?</p> <p>b) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you delivered the stillbirth you had in (DATE FROM 406)?</p>	<p>YES 1</p> <p>NO 2</p>	→ 468
465	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
466 (1)	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE 12</p> <p>AUXILIARY MIDWIFE 13</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENANT 21</p> <p>COMMUNITY HEALTH WORKER/ FIELD WORKER 22</p> <p>OTHER _____ 96 (SPECIFY)</p>	
467 (1)	<p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT HEALTH POST 23</p> <p>OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 41</p> <p>NGO CLINIC 42</p> <p>OTHER NGO MEDICAL SECTOR _____ 46 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
468	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <input type="checkbox"/> MOST RECENT STILLBIRTH <input type="checkbox"/>		→ 474
469	I would like to talk to you about checks on (NAME's) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME). After (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME's) health?	YES 1 NO 2 DON'T KNOW 8	→ 473
470	How long after the birth of (NAME) did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/> WEEKS 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	
471 (1)	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 AUXILIARY MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENANT 21 COMMUNITY HEALTH WORKER/ FIELD WORKER 22 OTHER _____ 96 (SPECIFY)	
472 (1)	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT HEALTH CENTER 22 GOVERNMENT HEALTH POST 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL 41 NGO CLINIC 42 OTHER NGO MEDICAL SECTOR _____ 46 (SPECIFY) OTHER _____ 96 (SPECIFY)	

SECTION 5. CHILD IMMUNIZATION

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

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <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>									
509	COPY DATES FROM THE CARD. (1) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.										
(2)		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <th style="width:10%;">DAY</th> <th style="width:10%;">MONTH</th> <th style="width:10%;">YEAR</th> </tr> <tr> <td> </td><td> </td><td> </td> </tr> </table>	DAY	MONTH	YEAR						
DAY	MONTH	YEAR									
	BCG	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
	HEPATITIS B AT BIRTH	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
(3)	ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
	ORAL POLIO VACCINE (OPV) 1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
	ORAL POLIO VACCINE (OPV) 2	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
	ORAL POLIO VACCINE (OPV) 3	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
(4)	INACTIVATED POLIO VACCINE (IPV)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
(5)	DPT-HEP.B-HIB (PENTAVALENT) 1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
(5)	DPT-HEP.B-HIB (PENTAVALENT) 2	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
(5)	DPT-HEP.B-HIB (PENTAVALENT) 3	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
(5)	DPT-HEP.B-HIB (PENTAVALENT) 4	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
	PNEUMOCOCCAL 1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
	PNEUMOCOCCAL 2	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
(6)	PNEUMOCOCCAL 3	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
	ROTAVIRUS 1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
	ROTAVIRUS 2	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
(6)	ROTAVIRUS 3	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
(7)	[MEASLES CONTAINING VACCINE] 1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
(7)	[MEASLES CONTAINING VACCINE] 2	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
(8)	VITAMIN A (MOST RECENT)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
510	ASK THE RESPONDENT FOR PERMISSION TO PHOTOGRAPH VACCINATION CARD OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN. IF PERMISSION IS GRANTED, PHOTOGRAPH CARD.	PHOTOGRAPH TAKEN 1 PHOTOGRAPH NOT TAKEN, PERMISSION NOT RECEIVED 2 PHOTOGRAPH NOT TAKEN, OTHER REASON _____ 6 (SPECIFY)									
511	CHECK 509: 'BCG' TO '[MEASLES CONTAINING VACCINE] 2' ALL RECORDED?										
(9)	NO <input type="checkbox"/> ↓	YES <input type="checkbox"/> →	529								

SECTION 5. CHILD IMMUNIZATION

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

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
525	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES 1 NO 2 DON'T KNOW 8	→ 527
526	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
527 (7)	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 529
528 (7) (12)	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>	
529 (13)	Where did (NAME) receive most of his/her vaccinations? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 GOVERNMENT HEALTH POST 13 MOBILE CLINIC 14 COMMUNITY HEALTH WORKER/ FIELDWORKER 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 PHARMACY 23 PRIVATE DOCTOR 24 MOBILE CLINIC 25 COMMUNITY HEALTH WORKER/ FIELDWORKER 26 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL 31 NGO CLINIC 32 OTHER NGO MEDICAL SECTOR SECTOR _____ 36 (SPECIFY) OTHER SOURCE [VACCINATION CAMPAIGN] 41 OTHER _____ 96 (SPECIFY)	
530	CHECK 220 AND 224 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY? MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 503 FOR THE NEXT SURVIING CHILD) ←	NO MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> →	601

SECTION 5. FOOTNOTES

- (1) Replace the word 'card' with the term used locally to refer to the official vaccination record for the child, such as 'mother and child booklet'.
- (2) The questionnaire should look like the vaccination card in the country. Obtain current or recent vaccination cards from the national immunization program. Add yellow fever, rubella, or any other vaccine recommended in the country for children under age 3. Delete any of these vaccinations that are not included in the country's vaccination schedule. Consult with the EPI program in the country to verify the questionnaire reflects the correct vaccination card.
- (3) Delete in countries where polio 0 (polio at birth) is not part of the immunization schedule.
- (4) Delete in countries where IPV is not part of the immunization schedule.
- (5) Adapt question locally to follow national immunization schedule. If DPT, Hep. B and Hib are given separately, provide separate entries for the recommended number of doses of each.
- (6) If vaccination schedule only uses two doses of vaccine, remove 3rd entry.
- (7) Adapt question locally to use the name of the measles containing vaccination (MCV) used in the country: measles, MMR, or MR.
- (8) If vaccination schedule only uses one dose of vaccine, remove 2nd entry.
- (9) Filter should reflect the vaccination list on the card (excluding vitamin A, which is not a vaccination).
- (10) Change the wording of this question to match the names used for supplemental immunization activities in the country.
- (11) Adapt question locally after determining the most common injection site. For example, pentavalent may be given in the left outer thigh, and pneumococcal in the right outer thigh.
- (12) Delete this question in countries where the vaccination schedule includes only one dose of measles containing vaccination.
- (13) Coding categories to be developed locally; however, the broad categories must be maintained. Insert name(s) of recent vaccination campaigns, or remove response option 41 if the country does not conduct vaccination campaigns.

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
601	CHECK 220 and 224 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 643																	
602	Now I would like to ask some questions about the health of your children born in the last 5 years. (We will talk about each separately, starting with the youngest.)																		
603	RECORD THE NAME FROM 218 AND PREGNANCY HISTORY NUMBER FROM 215 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>																		
604 (1)	In the last 12 months, was (NAME) given any of the following: a) Iron tablets or syrup? b) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER]? SHOW COMMON TYPES OF TABLETS/SYRUPS/MULTIPLE MICRONUTRIENT POWDERS.	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> <th align="center">DK</th> </tr> </thead> <tbody> <tr> <td>a) TABLETS/SYRUP</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) [MULTIPLE MICRONUTRIENT POWDER]</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </tbody> </table>		YES	NO	DK	a) TABLETS/SYRUP	1	2	8	b) [MULTIPLE MICRONUTRIENT POWDER]	1	2	8					
	YES	NO	DK																
a) TABLETS/SYRUP	1	2	8																
b) [MULTIPLE MICRONUTRIENT POWDER]	1	2	8																
605	In the last 6 months, was (NAME) given a vitamin A dose like [this/any of these]? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	<table border="0"> <tbody> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="center">8</td> </tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8											
YES	1																		
NO	2																		
DON'T KNOW	8																		
606 (2)	In the last 6 months, was (NAME) given any medicine for intestinal worms?	<table border="0"> <tbody> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="center">8</td> </tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8											
YES	1																		
NO	2																		
DON'T KNOW	8																		
607 (3)	In the last 3 months, has any healthcare provider measured: a) (NAME)'s weight? b) (NAME)'s length or height? c) Around (NAME)'s upper arm?	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> <th align="center">DK</th> </tr> </thead> <tbody> <tr> <td>a) WEIGHT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) LENGTH/HEIGHT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) UPPER ARM</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </tbody> </table>		YES	NO	DK	a) WEIGHT	1	2	8	b) LENGTH/HEIGHT	1	2	8	c) UPPER ARM	1	2	8	
	YES	NO	DK																
a) WEIGHT	1	2	8																
b) LENGTH/HEIGHT	1	2	8																
c) UPPER ARM	1	2	8																
608 (4)	Has (NAME) had diarrhea in the last 2 weeks?	<table border="0"> <tbody> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="center">8</td> </tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8	<input type="checkbox"/> → 618										
YES	1																		
NO	2																		
DON'T KNOW	8																		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
609	<p>CHECK 486: CURRENTLY BREASTFEEDING?</p> <p style="text-align: center;">YES <input type="checkbox"/> NO/ NOT <input type="checkbox"/> ↓ ↓</p> <p>a) Now I would like to know how much (NAME) was given to drink during the diarrhea, including breast milk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p> <p>b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	
610	<p>When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>	
611	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 615</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER..... <input type="text"/> <input type="text"/>																					
612 (5)	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT HEALTH POST C</p> <p>MOBILE CLINIC D</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER E</p> <p>OTHER PUBLIC SECTOR SECTOR _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL G</p> <p>PRIVATE CLINIC H</p> <p>PHARMACY I</p> <p>PRIVATE DOCTOR J</p> <p>MOBILE CLINIC K</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER L</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ M (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL N</p> <p>NGO CLINIC O</p> <p>OTHER NGO MEDICAL SECTOR _____ P (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP Q</p> <p>TRADITIONAL PRACTITIONER R</p> <p>MARKET S</p> <p>ITINERANT DRUG SELLER T</p> <p>OTHER _____ X (SPECIFY)</p>																					
613	<p>CHECK 612: TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/> → 615</p>																						
614	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 612.</p>	<p>FIRST PLACE <input type="text"/></p>																					
615 (6)	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:</p> <p>a) A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]?</p> <p>b) [LOCAL NAMES FOR PRE-PACKAGED ORS LIQUIDS] or other pre-packaged ORS liquid?</p> <p>c) Zinc tablets or syrup?</p> <p>d) [A GOVERNMENT-RECOMMENDED HOMEMADE FLUID]?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) FLUID FROM ORS PACKET ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) ORS LIQUID</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) ZINC</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) HOMEMADE FLUID</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) FLUID FROM ORS PACKET ..	1	2	8	b) ORS LIQUID	1	2	8	c) ZINC	1	2	8	d) HOMEMADE FLUID	1	2	8	
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SECTION 6. CHILD HEALTH AND NUTRITION

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
616	CHECK 615: ANY 'YES' <input type="checkbox"/> a) Was anything else given to treat the diarrhea? ALL 'NO' OR 'DK' <input type="checkbox"/> b) Was anything given to treat the diarrhea?	YES 1 NO 2 DON'T KNOW 8	→ 618
617	CHECK 615: ANY 'YES' <input type="checkbox"/> a) What else was given to treat the diarrhea? ALL 'NO' OR 'DK' <input type="checkbox"/> b) What was given to treat the diarrhea? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C UNKNOWN PILL OR SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION G (IV) INTRAVENOUS H HOME REMEDY/HERBAL MEDICINE I OTHER _____ X (SPECIFY)	
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	→ 621
619 (8)	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	YES 1 NO 2 DON'T KNOW 8	
620 (8)	Were you told by a healthcare provider that (NAME) had malaria?	YES 1 NO 2 DON'T KNOW 8	
621	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	
622	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	→ 624
623	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→ 625
624	CHECK 618: HAD FEVER? YES <input type="checkbox"/> NO OR DON'T KNOW <input type="checkbox"/>		→ 634
625	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2	→ 630

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER..... <input type="text"/> <input type="text"/>	
626 (5)	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	<p>PUBLIC SECTOR</p> GOVERNMENT HOSPITAL..... A GOVERNMENT HEALTH CENTER B GOVERNMENT HEALTH POST C MOBILE CLINIC D COMMUNITY HEALTH WORKER/ FIELDWORKER E OTHER PUBLIC SECTOR SECTOR _____ F (SPECIFY) <p>PRIVATE MEDICAL SECTOR</p> PRIVATE HOSPITAL G PRIVATE CLINIC H PHARMACY I PRIVATE DOCTOR J MOBILE CLINIC K COMMUNITY HEALTH WORKER/ FIELDWORKER L OTHER PRIVATE MEDICAL SECTOR _____ M (SPECIFY) <p>NGO MEDICAL SECTOR</p> NGO HOSPITAL N NGO CLINIC O OTHER NGO MEDICAL SECTOR _____ P (SPECIFY) <p>OTHER SOURCE</p> SHOP Q TRADITIONAL PRACTITIONER R MARKET S ITINERANT DRUG SELLER T OTHER _____ X (SPECIFY)	
627	CHECK 626: TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/>		→ 629
628	Where did you first seek advice or treatment? USE LETTER CODE FROM 626.	FIRST PLACE <input type="text"/>	
629	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	
630	At any time during the illness, did (NAME) take any medicine for the illness?	YES 1 NO 2 DON'T KNOW 8	→ 634

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER..... <input type="text"/> <input type="text"/>	
631 (9)	What medicine did (NAME) take? Any other medicine? RECORD ALL MENTIONED. IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION.	ANTIMALARIAL MEDICINE ARTEMISININ COMBINATION THERAPY (ACT) A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H OTHER ANTIMALARIAL _____ I (SPECIFY) ANTIBIOTIC MEDICINE AMOXICILLIN J COTRIMOXAZOLE K OTHER PILL/SYRUP L OTHER INJECTION/IV M OTHER MEDICINE ASPIRIN N PARACETAMOL/PANADOL/ ACETAMINOPHEN O IBUPROFEN P OTHER _____ X (SPECIFY) DONT KNOW Z	
632 (8)	CHECK 631: ARTEMISININ COMBINATION THERAPY ('A') GIVEN <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE 'A' CIRCLED <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> CODE 'A' NOT CIRCLED <input type="checkbox"/> → 634 </div> </div>		
633 (8)	How long after the fever started did (NAME) first take an artemisinin combination therapy?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DONT KNOW 8	
634	CHECK 220 AND 224 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 603 FOR THE NEXT SURVIVING CHILD) ← </div> <div style="text-align: center;"> NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 635 </div> </div>		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																												
635	<p>CHECK 220 AND 226, ALL ROWS: NUMBER OF CHILDREN BORN 0-23 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>_____ (NAME OF YOUNGEST CHILD LIVING WITH HER)</p> <p style="text-align: center;">↓</p>	<p>NONE <input type="checkbox"/></p> <p style="text-align: right;">→ 643</p>																																																																													
636 (10)	<p>Now I would like to ask you about liquids that (NAME FROM 635) had yesterday during the day or at night. Please tell me about all drinks, whether (NAME) had them at home, or somewhere else. Yesterday during the day or at night, did (NAME) drink:</p> <p>a) Plain water?</p> <p>b) Infant formula such as [INSERT POPULAR FORMULA NAMES]?</p> <p>IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>c) Milk such as tinned, powdered, or fresh animal milk?</p> <p>IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>IF YES: Was the milk a sweet or flavored type of milk?</p> <p>d) Yogurt drinks?</p> <p>IF YES: How many times did (NAME) drink yogurt? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>IF YES: Was the yogurt drink a sweet or flavored type of yogurt drink?</p> <p>e) Chocolate flavored drinks?</p> <p>f) Fruit juice or fruit-flavored drinks?</p> <p>g) Sodas, malt drinks, sports drinks, or energy drinks?</p> <p>h) Tea, coffee, or herbal drinks?</p> <p>IF YES: Was the drink sweetened?</p> <p>i) Clear broth or clear soup?</p> <p>j) Any other liquids?</p> <p>IF YES: What was the drink?</p> <p>Was the drink sweetened?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a)</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>b)</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>NUMBER OF TIMES DRANK FORMULA <input type="checkbox"/></td> <td></td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td>c)</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>NUMBER OF TIMES DRANK MILK <input type="checkbox"/></td> <td></td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td>SWEET/ FLAVORED</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>d)</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>NUMBER OF TIMES DRANK YOGURT <input type="checkbox"/></td> <td></td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td>SWEET/ FLAVORED</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>e)</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>f)</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>g)</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>h)</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>SWEETENED ..</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>i)</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>j)</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>OTHER DRINK(S) _____ (SPECIFY)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SWEETENED ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	a)	1	2	8	b)	1	2	8	NUMBER OF TIMES DRANK FORMULA <input type="checkbox"/>			8	c)	1	2	8	NUMBER OF TIMES DRANK MILK <input type="checkbox"/>			8	SWEET/ FLAVORED	1	2	8	d)	1	2	8	NUMBER OF TIMES DRANK YOGURT <input type="checkbox"/>			8	SWEET/ FLAVORED	1	2	8	e)	1	2	8	f)	1	2	8	g)	1	2	8	h)	1	2	8	SWEETENED ..	1	2	8	i)	1	2	8	j)	1	2	8	OTHER DRINK(S) _____ (SPECIFY)				SWEETENED ..	1	2	8	
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SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP										
637 (11) (12)	<p>Now I would like to ask you about foods that (NAME) had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else.</p> <p>I will ask you about different types of foods, and I would like to know whether your child ate the food even if it was combined with other foods.</p> <p>Please do not answer 'yes' for any food or ingredient used in a small amount to add flavor to a dish.</p> <p>Yesterday during the day or at night, did (NAME) eat:</p> <p>a) Yogurt, other than yogurt drinks?</p> <p>IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>NUMBER OF TIMES ATE YOGURT <input type="text"/></td> <td></td> <td></td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a)	1	2	8	NUMBER OF TIMES ATE YOGURT <input type="text"/>			8	
	YES	NO	DK												
a)	1	2	8												
NUMBER OF TIMES ATE YOGURT <input type="text"/>			8												
	b) Porridge, bread, rice, noodles, pasta, or [INSERT OTHER COMMONLY CONSUMED FOODS MADE FROM GRAINS, INCLUDING RICE DISHES, NOODLE DISHES ETC.]?	b) 1 2 8													
	c) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	c) 1 2 8													
	d) Plantains, white potatoes, white yams, manioc, cassava, or [INSERT OTHER COMMONLY CONSUMED STARCHY TUBERS OR TUBEROUS ROOTS THAT ARE WHITE OR PALE INSIDE]?	d) 1 2 8													
	e) Any dark green, leafy vegetables, such as [INSERT COMMONLY CONSUMED VITAMIN A-RICH DARK GREEN, LEAFY VEGETABLES]?	e) 1 2 8													
	f) Any other vegetables, such as [INSERT OTHER COMMONLY CONSUMED VEGETABLES]?	f) 1 2 8													
	g) Ripe mangoes or ripe papayas or [INSERT OTHER COMMONLY CONSUMED VITAMIN A-RICH FRUITS]?	g) 1 2 8													
	h) Any other fruits, such as [INSERT OTHER COMMONLY CONSUMED FRUITS]?	h) 1 2 8													
	i) Liver, kidney, heart, or [INSERT OTHER COMMONLY CONSUMED ORGAN MEATS]?	i) 1 2 8													
	j) Sausages, hot dogs, frankfurters, ham, bacon, salami, canned meat, or [INSERT OTHER COMMONLY CONSUMED PROCESSED MEATS]?	j) 1 2 8													
	k) Any other meat, such as beef, pork, lamb, goat, chicken, or duck?	k) 1 2 8													
	l) Eggs?	l) 1 2 8													
	m) Fresh or dried fish or shellfish?	m) 1 2 8													

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP	
643 (11) (12)	<p>Now I'd like to ask you about foods and drinks that you ate or drank yesterday during the day or night, whether you ate it at home or somewhere else.</p> <p>I am interested in whether you had the food items I will mention even if they were combined with other foods. Please include snacks or small meals as well as main meals.</p> <p>Please do not answer 'yes' for any food or ingredient used in a small amount to add flavor to a dish.</p> <p>Yesterday during the day or at night, did you eat or drink:</p>		<p align="center">YES</p>	<p align="center">NO</p>	<p align="center">DK</p>	
	<p>a) Porridge, bread, rice, noodles, pasta, or [INSERT OTHER COMMONLY CONSUMED FOODS MADE FROM GRAINS, INCLUDING RICE DISHES, NOODLE DISHES, ETC.]?</p>	<p>a) 1</p>	<p align="center">2</p>	<p align="center">8</p>		
	<p>b) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?</p>	<p>b) 1</p>	<p align="center">2</p>	<p align="center">8</p>		
	<p>c) Plantains, white potatoes, white yams, manioc, cassava, or [INSERT OTHER COMMONLY CONSUMED STARCHY TUBERS OR TUBEROUS ROOTS THAT ARE WHITE OR PALE INSIDE]?</p>	<p>c) 1</p>	<p align="center">2</p>	<p align="center">8</p>		
	<p>d) Any dark green, leafy vegetables, such as [INSERT COMMONLY CONSUMED VITAMIN A-RICH DARK GREEN, LEAFY VEGETABLES]?</p>	<p>d) 1</p>	<p align="center">2</p>	<p align="center">8</p>		
	<p>e) Any other vegetables, such as [INSERT OTHER COMMONLY CONSUMED VEGETABLES]?</p>	<p>e) 1</p>	<p align="center">2</p>	<p align="center">8</p>		
	<p>f) Ripe mangoes or ripe papayas or [INSERT OTHER COMMONLY CONSUMED VITAMIN A-RICH FRUITS]?</p>	<p>f) 1</p>	<p align="center">2</p>	<p align="center">8</p>		
	<p>g) Any other fruits, such as [INSERT OTHER COMMONLY CONSUMED FRUITS]?</p>	<p>g) 1</p>	<p align="center">2</p>	<p align="center">8</p>		
	<p>h) Liver, kidney, heart, or [INSERT OTHER COMMONLY CONSUMED ORGAN MEATS]?</p>	<p>h) 1</p>	<p align="center">2</p>	<p align="center">8</p>		
	<p>i) Any other meat, such as beef, pork, lamb, goat, chicken, or duck?</p>	<p>i) 1</p>	<p align="center">2</p>	<p align="center">8</p>		
	<p>j) Eggs?</p>	<p>j) 1</p>	<p align="center">2</p>	<p align="center">8</p>		
	<p>k) Fresh or dried fish or shellfish?</p>	<p>k) 1</p>	<p align="center">2</p>	<p align="center">8</p>		
	<p>l) Any beans, peas, or lentils, or foods made from beans, peas, or lentils, including hummus, tofu and tempeh?</p>	<p>l) 1</p>	<p align="center">2</p>	<p align="center">8</p>		
	<p>m) Any nuts or seeds, such as any tree nut, groundnut, peanut, or certain seeds or nut or seed "butters" or pastes?</p>	<p>m) 1</p>	<p align="center">2</p>	<p align="center">8</p>		
	<p>n) Any milk or milk products, such as milk, cheese, yogurt, or other milk products, but not including butter, ice cream, cream, or sour cream?</p>	<p>n) 1</p>	<p align="center">2</p>	<p align="center">8</p>		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	o) Any sweet foods such as chocolates, candies, pastries, cakes, biscuits, frozen treats like ice cream and popsicles, or [INSERT OTHER COMMONLY CONSUMED 'SENTINEL' SWEET FOODS]?	o) 1 2 8	
	p) Chips, crisps, puffs, French fries, fried dough, instant noodles, or [INSERT OTHER COMMONLY CONSUMED 'SENTINEL' FRIED AND SALTY FOODS]?	p) 1 2 8	
	q) Any sugary drinks such as [SOFT DRINKS, FIZZY DRINKS, SODA, OR CHOCOLATE DRINKS]?	q) 1 2 8	
	r) Any other drinks or food? IF YES: What was the drink or food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL DRINK OR FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL DRINK OR FOOD BELONGS TO, RECORD THE NAME OF THE DRINK OR FOOD.	r) 1 2 8 OTHER DRINK(S) OR FOOD(S) _____ (SPECIFY)	

SECTION 6. FOOTNOTES

- (1) Only include item (a) if a country has a national pill/syrup program, and only include item (b) if country has a national micronutrient powder (MNP) program. If a country includes both types of supplements in their national program, retain both items. Remove this question in countries that do not have a national iron supplementation program for children.
- (2) The question should be deleted in surveys in countries where there is no program for deworming.
- (3) Item 'c' refers to measurement of the mid upper arm circumference (MUAC). Rephrase this item as needed so that mothers will understand which part of the body the question is referring to. If a country does not have wide-scale Community Management of Acute Malnutrition (CMAM) program, item 'c' can be removed.
- (4) The term(s) used for diarrhea should encompass the expressions used for all forms of diarrhea, including bloody stools (consistent with dysentery), watery stools, etc.
- (5) Coding categories to be developed locally; however, the broad categories must be maintained.
- (6) Include in the question the common names/brands for pre-packaged ORS liquids. If pre-packaged ORS liquids are not available in the country, this item should be deleted.
- (7) If the government does not recommend a homemade fluid, then this item should be dropped from the question. If the government does recommend a homemade fluid, this item should be adapted to include the terms used locally for the recommended home fluid. The ingredients promoted by the government for making the recommended home fluid should be reflected in the category.
- (8) The question should be deleted in countries that are not affected by malaria.
- (9) Coding categories to be developed locally and revised based on the pretest. All antimalarials commonly used in the country should be included in the response categories. Common brand names of medicine, such as Bayer or Tylenol, should be added to the response categories for aspirin, acetaminophen, or ibuprofen as appropriate.
- (10) A separate category "soy milk and nut milks" must be added in countries where these items are consumed.
- (11) A separate category: "Any insects, insect larvae, grubs, insect eggs, or land and sea snails?" must be added after item "o) Cheese?" in countries where these items are eaten. A separate category: "Any red palm oil?" must be added in countries where red palm oil is consumed. A separate category: "Any oils and fats?" must be added in countries where children's/women's consumption of oils and fats is of concern. If "Any oils and fats?" is being added in addition to "Any red palm oil?", the item should be phrased "Any other oils and fats?"
- (12) All food group categories must be adapted to include commonly consumed foods in the survey country. Please see the DHS Questionnaire Adaptation Guide (*forthcoming*) for information on how to adapt the food groups.

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 706 → 709
702	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 721
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	
704	CHECK 702: YES, <input type="checkbox"/> FORMERLY MARRIED ↓ YES, <input type="checkbox"/> LIVED WITH A MAN →		→ 714
705	Did you have a marriage certificate for your last marriage?	YES 1 NO 2 DONT KNOW 8	→ 714 → 707
706	Do you have a marriage certificate for this marriage?	YES 1 NO 2 DONT KNOW 8	→ 709
707	Was this marriage ever registered with the civil authority?	YES 1 NO 2 DONT KNOW 8	
708	CHECK 701: YES, <input type="checkbox"/> CURRENTLY MARRIED ↓ NO, <input type="checkbox"/> NOT IN A UNION →		→ 714
709	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
710	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
711 (1)	Does your (husband/partner) have other wives or does he live with other women as if married?	YES 1 NO 2 DONT KNOW 8	→ 714
712 (1)	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DONT KNOW 98	
713 (1)	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/> DONT KNOW 98	
714	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

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

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

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

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729 (2) (3)	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER 15</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PHARMACY 23</p> <p>PRIVATE DOCTOR 24</p> <p>MOBILE CLINIC 25</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER 26</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 27</p> <p align="center">(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>CHURCH 42</p> <p>FRIEND/RELATIVE 43</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>	
730	<p>What was your relationship to this person with whom you had sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>HUSBAND 1</p> <p>LIVE-IN PARTNER 2</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER _____ 6</p> <p align="center">(SPECIFY)</p>	
731	<p>Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	→ 737
732 (2)	<p>The last time you had sexual intercourse with this second person, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
733	<p>What was your relationship to this second person with whom you had sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>HUSBAND 1</p> <p>LIVE-IN PARTNER 2</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER _____ 6 (SPECIFY)</p>													
734	<p>Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	→ 737												
735 (2)	<p>The last time you had sexual intercourse with this third person, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>													
736	<p>What was your relationship to this third person with whom you had sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>HUSBAND 1</p> <p>LIVE-IN PARTNER 2</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER _____ 6 (SPECIFY)</p>													
737	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>													
738	<p>PRESENCE OF OTHERS DURING THIS SECTION.</p>	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>CHILDREN <10</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>MALE ADULTS</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
MALE ADULTS	1	2													
FEMALE ADULTS	1	2													

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

(2) In countries with an active female condom program, the wording of the question should be modified to include reference to both the male and female condom.

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

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
815	In the last 12 months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone? e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram? f) Seen anything about family planning on a poster, leaflet or brochure? g) Seen anything about family planning on an outdoor sign or billboard? h) Heard anything about family planning at community meetings or events?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) RADIO</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) TELEVISION</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) MOBILE PHONE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) FACEBOOK/TWITTER/ INSTAGRAM</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) POSTER/LEAFLET/BROCHURE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g) OUTDOOR SIGN/BILLBOARD</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>h) COMMUNITY MEETINGS/EVENTS ..</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) NEWSPAPER OR MAGAZINE	1	2	d) MOBILE PHONE	1	2	e) FACEBOOK/TWITTER/ INSTAGRAM	1	2	f) POSTER/LEAFLET/BROCHURE	1	2	g) OUTDOOR SIGN/BILLBOARD	1	2	h) COMMUNITY MEETINGS/EVENTS ..	1	2	
	YES	NO																												
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h) COMMUNITY MEETINGS/EVENTS ..	1	2																												
816	OPTIONAL COUNTRY-SPECIFIC QUESTIONS ON MEDIA MESSAGES ABOUT FAMILY PLANNING.																													
817	CHECK 701: <table border="0"> <tr> <td align="center">YES, <input type="checkbox"/> CURRENTLY MARRIED</td> <td align="center">YES, <input type="checkbox"/> LIVING WITH A MAN</td> <td align="center">NO, <input type="checkbox"/> NOT IN A UNION</td> </tr> </table>		YES, <input type="checkbox"/> CURRENTLY MARRIED	YES, <input type="checkbox"/> LIVING WITH A MAN	NO, <input type="checkbox"/> NOT IN A UNION	→ 901																								
YES, <input type="checkbox"/> CURRENTLY MARRIED	YES, <input type="checkbox"/> LIVING WITH A MAN	NO, <input type="checkbox"/> NOT IN A UNION																												
818	Who usually makes the decision on whether or not you should use contraception, you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	<table border="0"> <tr> <td>RESPONDENT</td> <td align="right">1</td> </tr> <tr> <td>HUSBAND/PARTNER</td> <td align="right">2</td> </tr> <tr> <td>RESPONDENT AND HUSBAND/PARTNER JOINTLY</td> <td align="right">3</td> </tr> <tr> <td>SOMEONE ELSE</td> <td align="right">4</td> </tr> <tr> <td>OTHER _____ (SPECIFY)</td> <td align="right">6</td> </tr> </table>	RESPONDENT	1	HUSBAND/PARTNER	2	RESPONDENT AND HUSBAND/PARTNER JOINTLY	3	SOMEONE ELSE	4	OTHER _____ (SPECIFY)	6	→ 820 → 820																	
RESPONDENT	1																													
HUSBAND/PARTNER	2																													
RESPONDENT AND HUSBAND/PARTNER JOINTLY	3																													
SOMEONE ELSE	4																													
OTHER _____ (SPECIFY)	6																													
819	When making this decision with your (husband/partner), would you say that your opinion is more important, equally important, or less important than your (husband's/partner's) opinion?	<table border="0"> <tr> <td>MORE IMPORTANT</td> <td align="right">1</td> </tr> <tr> <td>EQUALLY IMPORTANT</td> <td align="right">2</td> </tr> <tr> <td>LESS IMPORTANT</td> <td align="right">3</td> </tr> </table>	MORE IMPORTANT	1	EQUALLY IMPORTANT	2	LESS IMPORTANT	3																						
MORE IMPORTANT	1																													
EQUALLY IMPORTANT	2																													
LESS IMPORTANT	3																													
820	Has your husband/partner or any other family member ever tried to pressure you to become pregnant when you did not want to become pregnant?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table>	YES	1	NO	2																								
YES	1																													
NO	2																													
821	CHECK 307: <table border="0"> <tr> <td align="center">NOT ASKED <input type="checkbox"/></td> <td align="center">NEITHER ARE STERILIZED <input type="checkbox"/></td> <td align="center">HE OR SHE ARE STERILIZED <input type="checkbox"/></td> </tr> </table>		NOT ASKED <input type="checkbox"/>	NEITHER ARE STERILIZED <input type="checkbox"/>	HE OR SHE ARE STERILIZED <input type="checkbox"/>	→ 901																								
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822	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	<table border="0"> <tr> <td>SAME NUMBER</td> <td align="right">1</td> </tr> <tr> <td>MORE CHILDREN</td> <td align="right">2</td> </tr> <tr> <td>FEWER CHILDREN</td> <td align="right">3</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	SAME NUMBER	1	MORE CHILDREN	2	FEWER CHILDREN	3	DON'T KNOW	8																				
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SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

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

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

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

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH HUSBAND/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 928																								
926	Do you have a title deed or other government recognized document for any house you own?	YES 1 NO 2 DONT KNOW 8	→ 928																								
927	Is your name on this document?	YES 1 NO 2 DONT KNOW 8																									
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH HUSBAND/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 931																								
929	Do you have a title deed or other government recognized document for any land you own?	YES 1 NO 2 DONT KNOW 8	→ 931																								
930	Is your name on this document?	YES 1 NO 2 DONT KNOW 8																									
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="0"> <thead> <tr> <th></th> <th align="center">PRES./ LISTEN.</th> <th align="center">PRES./ NOT LISTEN.</th> <th align="center">NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN < 10</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>HUSBAND</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>OTHER MALES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>OTHER FEMALES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> </tbody> </table>		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3					
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CHILDREN < 10	1	2	3																								
HUSBAND	1	2	3																								
OTHER MALES	1	2	3																								
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932	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> <th align="center">DK</th> </tr> </thead> <tbody> <tr> <td>a) GOES OUT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) NEGLECTS CHILDREN ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) ARGUES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) REFUSES SEX</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e) BURNS FOOD</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </tbody> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGLECTS CHILDREN ..	1	2	8	c) ARGUES	1	2	8	d) REFUSES SEX	1	2	8	e) BURNS FOOD	1	2	8	
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(1) Revise according to the local educational system.

SECTION 10. HIV/AIDS

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

SECTION 10. HIV/AIDS

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

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1023 (4)	In what month and year was your most recent HIV test?	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	→ 1028
1024	Have you ever been tested for HIV?	YES 1 NO 2	→ 1032
1025	In what month and year was your most recent HIV test?	MONTH <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	
1026 (5)	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	<p>PUBLIC SECTOR</p> GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 STAND-ALONE HTC CENTER 13 FAMILY PLANNING CLINIC 14 MOBILE HTC SERVICES 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) <p>PRIVATE MEDICAL SECTOR</p> PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 PRIVATE DOCTOR 23 STAND-ALONE HTC CENTER 24 PHARMACY 25 MOBILE HTC SERVICES 26 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY) <p>NGO MEDICAL SECTOR</p> NGO HOSPITAL 31 NGO CLINIC 32 OTHER NGO MEDICAL SECTOR _____ 36 (SPECIFY) <p>OTHER SOURCE</p> HOME 41 WORKPLACE 42 CORRECTIONAL FACILITY 43 OTHER _____ 96 (SPECIFY)	
1027	Did you get the results of the test?	YES 1 NO 2	→ 1031

SECTION 10. HIV/AIDS

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

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
1039 (6)	<p>Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months:</p> <p>a) People have talked badly about me because of my HIV status.</p> <p>b) Someone else disclosed my HIV status without my permission.</p> <p>c) I have been verbally insulted, harassed, or threatened because of my HIV status.</p> <p>d) Healthcare workers talked badly about me because of my HIV status.</p> <p>e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.</p>	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) PEOPLE TALK BADLY</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) DISCLOSED STATUS</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) VERBALLY INSULTED</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) HEALTHCARE WORKERS TALKED BADLY</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) HEALTHCARE WORKERS VERBALLY ABUSED</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) PEOPLE TALK BADLY	1	2	b) DISCLOSED STATUS	1	2	c) VERBALLY INSULTED	1	2	d) HEALTHCARE WORKERS TALKED BADLY	1	2	e) HEALTHCARE WORKERS VERBALLY ABUSED	1	2	
	YES	NO																			
a) PEOPLE TALK BADLY	1	2																			
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d) HEALTHCARE WORKERS TALKED BADLY	1	2																			
e) HEALTHCARE WORKERS VERBALLY ABUSED	1	2																			
1040 (1)	<p>CHECK 1001:</p> <p>HEARD ABOUT HIV OR AIDS <input type="checkbox"/></p> <p>NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/></p> <p>a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?</p> <p>b) Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES</p> <p>NO</p> <p>1</p> <p>2</p>																			
1041	<p>CHECK 722:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>	<p>→ 1046</p>																			
1042	<p>CHECK 1040: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	<p>→ 1044</p>																			
1043	<p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?</p>	<p>YES</p> <p>NO</p> <p>DON'T KNOW</p> <p>1</p> <p>2</p> <p>8</p>																			
1044	<p>Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?</p>	<p>YES</p> <p>NO</p> <p>DON'T KNOW</p> <p>1</p> <p>2</p> <p>8</p>																			
1045	<p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES</p> <p>NO</p> <p>DON'T KNOW</p> <p>1</p> <p>2</p> <p>8</p>																			
1046	<p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?</p>	<p>YES</p> <p>NO</p> <p>DON'T KNOW</p> <p>1</p> <p>2</p> <p>8</p>																			
1047	<p>Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?</p>	<p>YES</p> <p>NO</p> <p>DON'T KNOW</p> <p>1</p> <p>2</p> <p>8</p>																			
1048	<p>CHECK 701:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>NOT IN UNION <input type="checkbox"/></p>	<p>→ 1101</p>																			
1049	<p>Can you say no to your (husband/partner) if you do not want to have sexual intercourse?</p>	<p>YES</p> <p>NO</p> <p>DEPENDS/NOT SURE</p> <p>1</p> <p>2</p> <p>8</p>																			

SECTION 10. HIV/AIDS

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

- (1) Delete question 1001 in countries where knowledge of HIV and AIDS is nearly universal. If 1001 is deleted, revise 1040 to remove the reference to 1001 and version b). Only the text from version a) will remain.
- (2) PrEP refers to pre-exposure prophylaxis. Use the local term for PrEP, if applicable.
- (3) Delete these questions if the country does not have a national PrEP program.
- (4) Question may be considered for deletion in low HIV prevalence countries.
- (5) Coding categories to be developed locally; however, the broad categories must be maintained.
- (6) Remove these questions unless HIV testing is included in the survey. If possible, ask them only in the subsample of households selected for HIV testing. These questions are optional if HIV testing is included in the survey, but the HIV prevalence is estimated to be below 2% due to the potential for a very low sample size for self-reported HIV positive respondents.

SECTION 11. OTHER HEALTH ISSUES

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

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1111	<p>We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one cup of [ADD OTHER LOCAL EXAMPLES]. During the last one month, on how many days did you have at least one drink of alcohol?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.</p>	<p>DID NOT HAVE EVEN ONE DRINK 00</p> <p>NUMBER OF DAYS <input type="text"/> <input type="text"/></p> <p>EVERY DAY/ALMOST EVERY DAY 95</p>	→ 1113															
1112	<p>In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?</p>	<p>NUMBER OF DRINKS <input type="text"/> <input type="text"/></p>																
1113	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem:</p> <p>a) Getting permission to go to the doctor?</p> <p>b) Getting money needed for advice or treatment?</p> <p>c) The distance to the health facility?</p> <p>d) Not wanting to go alone?</p>	<table border="0"> <tr> <td></td> <td align="center">BIG PROBLEM</td> <td align="center">NOT A BIG PROBLEM</td> </tr> <tr> <td>a) PERMISSION TO GO</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) GETTING MONEY</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) DISTANCE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) GO ALONE</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		BIG PROBLEM	NOT A BIG PROBLEM	a) PERMISSION TO GO	1	2	b) GETTING MONEY	1	2	c) DISTANCE	1	2	d) GO ALONE	1	2	
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a) PERMISSION TO GO	1	2																
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c) DISTANCE	1	2																
d) GO ALONE	1	2																
1114 (3)	<p>Are you covered by any health insurance?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1116															
1115 (3)	<p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p>	<p>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER B</p> <p>SOCIAL SECURITY C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER _____ X (SPECIFY)</p>																
1116	<p>RECORD THE TIME.</p>	<p>HOURS <input type="text"/> <input type="text"/></p> <p>MINUTES <input type="text"/> <input type="text"/></p>																

(1) Adapt names of types of healthcare facilities to the local context.

(2) Add local terms.

(3) All response categories are to be adapted to the country environment. If a health service prepayment plan or other types of plans are available in the country, add those types of plans to the question in Qs. 1114 and 1115 and to the response codes in Q. 1115.

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

INSTRUCTIONS:

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

CODES FOR EACH COLUMN:

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

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 EMERGENCY CONTRACEPTION
- J STANDARD DAYS METHOD
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD

- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

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

 - 6 OTHER SIDE EFFECTS/HEALTH CONCERNS

 - 7 LACK OF ACCESS/TOO FAR
 - 8 COSTS TOO MUCH
 - N INCONVENIENT TO USE
 - F UP TO GOD/FATALISTIC
 - A DIFFICULT TO GET PREGNANT/MENOPAUSAL
 - D MARITAL DISSOLUTION/SEPARATION
 - X OTHER
- _____ (SPECIFY)
- Z DON'T KNOW

			COL. 1	COL. 2
12	DEC	01		
11	NOV	02		
10	OCT	03		
09	SEP	04		
2	08	AUG	05	2
0	07	JUL	06	0
2	06	JUN	07	2
0	05	MAY	08	0
(1)	04	APR	09	
	03	MAR	10	
	02	FEB	11	
	01	JAN	12	
<hr/>				
12	DEC	13		
11	NOV	14		
10	OCT	15		
09	SEP	16		
2	08	AUG	17	2
0	07	JUL	18	0
1	06	JUN	19	1
9	05	MAY	20	9
	04	APR	21	
	03	MAR	22	
	02	FEB	23	
	01	JAN	24	
<hr/>				
12	DEC	25		
11	NOV	26		
10	OCT	27		
09	SEP	28		
2	08	AUG	29	2
0	07	JUL	30	0
1	06	JUN	31	1
8	05	MAY	32	8
	04	APR	33	
	03	MAR	34	
	02	FEB	35	
	01	JAN	36	
<hr/>				
12	DEC	37		
11	NOV	38		
10	OCT	39		
09	SEP	40		
2	08	AUG	41	2
0	07	JUL	42	0
1	06	JUN	43	1
7	05	MAY	44	7
	04	APR	45	
	03	MAR	46	
	02	FEB	47	
	01	JAN	48	
<hr/>				
12	DEC	49		
11	NOV	50		
10	OCT	51		
09	SEP	52		
2	08	AUG	53	2
0	07	JUL	54	0
1	06	JUN	55	1
6	05	MAY	56	6
	04	APR	57	
	03	MAR	58	
	02	FEB	59	
	01	JAN	60	
<hr/>				
12	DEC	61		
11	NOV	62		
10	OCT	63		
09	SEP	64		
2	08	AUG	65	2
0	07	JUL	66	0
1	06	JUN	67	1
5	05	MAY	68	5
	04	APR	69	
	03	MAR	70	
	02	FEB	71	
	01	JAN	72	

(1) Year of fieldwork is assumed to be 2020. For fieldwork beginning in 2021, all references to calendar years should be increased by one; for example, 2015 should be changed to 2016, 2016 should be changed to 2017, and similarly for all years throughout the questionnaire.

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