



**RWANDA DEMOGRAPHIC AND HEALTH SURVEYS 2025**  
**WOMAN'S QUESTIONNAIRE**

MINISTRY OF FINANCE AND ECONOMIC PLANNING

MINISTRY OF HEALTH

NATIONAL INSTITUTE OF STATISTICS OF RWANDA

IDENTIFICATION																
PROVINCE _____	DISTRICT _____	SECTOR _____														
NAME OF HOUSEHOLD HEAD _____																
CLUSTER NUMBER	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>															
STRUCTURE NUMBER																
HOUSEHOLD NUMBER .....																
NAME AND LINE NUMBER OF WOMAN _____																
CHECK COVER PAGE OF HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR WOMAN DV MODULE? (1=YES, 2=NO) <input type="checkbox"/>																
CHECK HOUSEHOLD QUESTIONNAIRE DVH01: WOMAN SELECTED FOR DV MODULE? (1=YES, 2=NO) ..... <input type="checkbox"/>																
INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	DAY <table border="1" style="width: 50px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>												
				MONTH <table border="1" style="width: 50px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>												
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="width: 50px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> </table>												
				INT. NO. <table border="1" style="width: 50px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> </table>												
RESULT*	_____	_____	_____	RESULT* <table border="1" style="width: 50px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>												
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 50px; height: 20px; border-collapse: collapse;"> <tr><td> </td></tr> </table>												
TIME	_____	_____														
*RESULT CODES: 1 COMPLETED      4 REFUSED 2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER _____ 3 POSTPONED      6 INCAPACITATED      SPECIFY _____																
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"> <tr><td>0</td><td>1</td></tr> </table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>			NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table> TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"> <tr><td> </td></tr> </table>								
0	1															
LANGUAGE OF QUESTIONNAIRE**	<b>ENGLISH</b>		**LANGUAGE CODES: 01 ENGLISH      03 ENGLISHR      05 LANGUAGE 5 Language Number Qu      04 LANGUAGE 4      06 LANGUAGE 6													
TEAM	ENUMERATOR		TEAM SUPRVISOR													
<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table> NUMBER			_____ NAME	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> NUMBER					_____ NAME	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> NUMBER						

INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with National Institute of Statistics of Rwanda. We are conducting a survey about health and other topics organized by NISR in collaboration with Ministry of Health all over RWANDA. 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 ENUMERATOR \_\_\_\_\_ 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 district were you born in? SELECT THE DISTRICT NAME	DISTRICT NAME ..... 01 OUTSIDE OF RWANDA ..... 96	→ 104
103	What country were you born in? SELECT THE COUNTRY NAME	COUNTRY _____ <input type="text"/>	
104	How long have you been living continuously in this district? 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 district did you live in?	DISTRICT NAME ..... <input type="text"/> <input type="text"/> OUTSIDE OF RWANDA ..... 96	





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? IF NONE, RECORD '00'. 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? IF NONE, RECORD '00'. 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"/>	
205C	Where do your sons or daughters who do not live with you live?	BOARDING SCHOOL ..... A RELATIVES ..... B IN STREET ..... C WORK ..... D MARRIED ..... E OTHER _____ X SPECIFY _____ DON'T KNOW ..... Z	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES ..... 1 NO ..... 2	→ 208
207	a) How many boys have died? IF NONE, RECORD '00'. b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD ..... <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	Just to make sure that I have this right: you have had in total {NUMBER OF BIRTHS} births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY		

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	CHECK 212: ONE OR MORE PAST <input type="checkbox"/> PREGNANCIES ↓	NO PAST <input type="checkbox"/> PREGNANCIES →	→ 232

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. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

PREGNANCY HISTORY LINE NUMBER	215	216	217	218	219	220	221	222
		<p><b>IF ROW=01:</b> Think back to your first pregnancy. Was that a single pregnancy, twins, or triplets?</p> <p><b>IF ROW&gt;01:</b> Think back to your next pregnancy. Was that a single pregnancy, twins, or triplets?</p>	<p><b>IF 215=SING:</b> Was the baby born alive, born dead, or did you have a miscarriage or abortion?</p> <p><b>IF 215&gt;1:</b> <b>FIRST OF MULT.</b> Was the first baby in this pregnancy born alive or born dead?</p> <p><b>NEXT MULT.</b> Was the next baby in this pregnancy born alive or born dead?</p>	<p>Did the baby cry, move, or breathe?</p> <p>NO ..... 2 ↓ (SKIP TO 220)</p>	<p>What name was given to the baby?</p> <p>RECORDED NAME.</p> <p>NAME _____</p>	<p>Is {NAME IN 218} a boy or a girl?</p> <p>BOY ... 1 GIRL .. 2</p>	<p><b>CHECK 216 AND 217:</b> TYPE OF PREGNANCY OUTCOME.</p> <p><b>NOTE: IF 217=1, THEN PREGNANCY OUTCOME =</b> <b>IF BORN</b> On what day, month, and year was {NAME IN 218} born? <b>IF BORN DEAD, MISCARRIAGE</b> On what day, month, and year did this pregnancy end?</p> <p>DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ][ ]</p>	<p>How long did this pregnancy last in weeks or months?</p> <p>RECORD IN COMPLETED WEEKS OR MONTHS.</p> <p>WEEKS 1 [ ][ ] MONTHS 2 [ ][ ]</p>
01	<p>SING ..... 1 TWINS ..... 2 TRIP ..... 3 QUAD ..... 4 QUIN ..... 5 DONT KNOW ..... 8</p>	<p>##### 1 (SKIP TO 218) ↓ BORN DEAD 2 MISCARRIAG 3 (SKIP TO 220) ↓ ABORTION .. 4</p>	<p>YES ... 1 NO ..... 2 ↓ (SKIP TO 220)</p>	NAME _____	<p>BOY ... 1 GIRL .. 2</p>	<p>DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ][ ]</p>	<p>WEEKS 1 [ ][ ] MONTHS 2 [ ][ ]</p>	<p>YES ..... 1 (ADD PREGNANCY) NO ..... 2 (NEXT ROW)</p>
02	<p>SING ..... 1 TWINS ..... 2 TRIP ..... 3 QUAD ..... 4 QUIN ..... 5 DONT KNOW ..... 8</p>	<p>##### 1 (SKIP TO 218) ↓ BORN DEAD 2 MISCARRIAG 3 (SKIP TO 220) ↓ ABORTION .. 4</p>	<p>YES ... 1 NO ..... 2 ↓ (SKIP TO 220)</p>	NAME _____	<p>BOY ... 1 GIRL .. 2</p>	<p>DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ][ ]</p>	<p>WEEKS 1 [ ][ ] MONTHS 2 [ ][ ]</p>	<p>YES ..... 1 (ADD PREGNANCY) NO ..... 2 (NEXT ROW)</p>
03	<p>SING ..... 1 TWINS ..... 2 TRIP ..... 3 QUAD ..... 4 QUIN ..... 5 DONT KNOW ..... 8</p>	<p>##### 1 (SKIP TO 218) ↓ BORN DEAD 2 MISCARRIAG 3 (SKIP TO 220) ↓ ABORTION .. 4</p>	<p>YES ... 1 NO ..... 2 ↓ (SKIP TO 220)</p>	NAME _____	<p>BOY ... 1 GIRL .. 2</p>	<p>DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ][ ]</p>	<p>WEEKS 1 [ ][ ] MONTHS 2 [ ][ ]</p>	<p>YES ..... 1 (ADD PREGNANCY) NO ..... 2 (NEXT ROW)</p>
222A	<p>Have you had any pregnancies that ended since the last pregnancy</p>		<p>YES ..... 1 → ADD TO TABLE NO ..... 2</p>					
222B	<p>READ THE LIST OF PREGNANCY OUTCOMES IN ORDER TO THE RESPONDENT AND ASK IF THEY ARE ALL THAT SHE HAS EVER HAD, AND IF THEY ARE LISTED IN ORDER STARTING FROM THE FIRST ONE.</p> <p>DOES THE RESPONDENT AGREE? IF NOT, PROBE FOR THE CORRECT INFORMATION AND REVISE THE PREGNANCY HISTORY</p>							

SECTION 2. REPRODUCTION

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

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
230	<p>COMPARE 212 WITH NUMBER OF PREGNANCY OUTCOMES IN PREGNANCY HISTORY</p> <p>NUMBER IN PREGNANCY HISTORY IS GREATER THAN OR EQUAL TO 212 <input type="checkbox"/></p>	<p>NUMBER IN PREGNANCY HISTORY IS LESS THAN 212 <input type="checkbox"/></p> <p>(PROBE AND RECONCILE) ←</p>	
231	<p><b>C</b> FOR EACH LIVE BIRTH IN 2020-2025, 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 2020-2025, 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?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>UNSURE ..... 8</p>	→ 236
233	<p>How many weeks or months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED WEEKS OR MONTHS.</p> <p><b>C</b> ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</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>	<p>WEEKS ..... 1 <input type="text"/></p> <p>MONTHS..... 2 <input type="text"/></p>	
234	When you got pregnant, did you want to get pregnant at that time?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 236
235	<p>CHECK 208: TOTAL NUMBER OF LIVE BIRTHS</p> <p>ONE OR MORE <input type="checkbox"/>   NONE <input type="checkbox"/></p> <p>a) Did you want to have a baby later on or did you not want any more children?</p> <p>b) Did you want to have a baby later on or did you not want any children?</p>	<p>LATER ..... 1</p> <p>NO MORE/NONE ..... 2</p>	
236	<p>When did your last menstrual period start?</p> <p>_____</p> <p>(DATE, IF GIVEN)</p>	<p>DAYS AGO ..... 1 <input type="text"/></p> <p>WEEKS AGO ..... 2 <input type="text"/></p> <p>MONTHS AGO ..... 3 <input type="text"/></p> <p>YEARS AGO ..... 4 <input type="text"/></p> <p>IN MENOPAUSE/HAS HAD HYSTERECTOMY 994</p> <p>BEFORE LAST PREGNANCY ..... 995</p> <p>NEVER MENSTRUATED ..... 996</p>	<p>→ 240</p> <p>→ 241</p>

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
237	CHECK 236: WAS THE LAST MENSTRUAL PERIOD WITHIN THE LAST YEAR?  YES, WITHIN LAST YEAR <input type="checkbox"/> NO, ONE YEAR OR MORE <input type="checkbox"/>	→ 240																					
238	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																					
238A	During your last menstrual period, did you have enough menstrual materials to change them as often as you wanted to throughout your menstrual period?  REGULAR (NON-ABSORBENT) UNDERWEARS ARE NOT CONSIDERED MENTRUAL MATERIALS. IF THE WOMEN DID NOT USE ANY MENTRUAL MATERIALS, PROBE TO HEAR IF WANTED TO USE THEM. IF SHE DID NOT WANT TO USE ANY, RECORD "YES, ENOUGH".	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																					
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																					
239A	During your last menstrual period, did you worry that someone would see you while you were changing menstrual materials at home?	YES, WORRIED ..... 1 NO, DID NOT WORRY ..... 2 DID NOT CHANGE ANY MENSTRUAL MATERIAL AT HOME ..... 3																					
239B	During your last menstrual period, did you have trouble participating in the following activities due to your period.  Ba) Work? Bb) Education and training? Bc) Social activities outside school or work?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>NO SUCH ACTIVITY</th> <th>DK/NOT SURE</th> </tr> </thead> <tbody> <tr> <td>WORK</td> <td>1</td> <td>2</td> <td>7</td> <td>8</td> </tr> <tr> <td>EDUC AND TRAINING</td> <td>1</td> <td>2</td> <td>7</td> <td>8</td> </tr> <tr> <td>SOC. ACT OUSIDE SCHOOL /WORK</td> <td>1</td> <td>2</td> <td>7</td> <td>8</td> </tr> </tbody> </table>		YES	NO	NO SUCH ACTIVITY	DK/NOT SURE	WORK	1	2	7	8	EDUC AND TRAINING	1	2	7	8	SOC. ACT OUSIDE SCHOOL /WORK	1	2	7	8	
	YES	NO	NO SUCH ACTIVITY	DK/NOT SURE																			
WORK	1	2	7	8																			
EDUC AND TRAINING	1	2	7	8																			
SOC. ACT OUSIDE SCHOOL /WORK	1	2	7	8																			
239C	During your last menstrual period, were you able to reduce your menstruation-related pain when you needed to?	YES ..... 1 NO ..... 2 DIDN'T NEED TO ..... 3																					
239D	If you were to have a concern about your menstrual period, would you feel comfortable seeking help from a health care provider such as a school nurse, community health worker, or doctor?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																					
240	How old were you when you had your first menstrual period?	AGE ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98																					

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
240A	Before you had your first menstrual period, did you know about menstruation?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
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	

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.		
01	Have you heard of Female Sterilization? PROBE: Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
02	Have you heard of Male Sterilization? PROBE: Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
03	Have you heard of IUD? PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more	YES ..... 1 NO ..... 2	
04	Have you heard of Injectables? PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2	
05	Have you heard of Implants? PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2	
06	Have you heard of Pill? PROBE: Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2	
07	Have you heard of Male Condom? PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2	
08	Have you heard of Female Condom? PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2	
09	Have you heard of Emergency Contraception? PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES ..... 1 NO ..... 2	
10	Have you heard of Standard Days Method? PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES ..... 1 NO ..... 2	
11	Have you heard of Lactational Amenorrhea Method (LAM)? PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES ..... 1 NO ..... 2	
12	Have you heard of Rhythm Method? PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get	YES ..... 1 NO ..... 2	
13	Have you heard of 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	YES ..... 1 NO ..... 2	→ 307
304	Are you or your partner sterilized?  IF YES: Who is sterilized, you or your partner?	YES, RESPONDENT STERILIZED ONLY ..... 1 YES, PARTNER STERILIZED ONLY ..... 2 YES, BOTH STERILIZED ..... 3 NO, NEITHER STERILIZED ..... 4	→ 306
305	CHECK 304:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">                         RESPONDENT <input type="checkbox"/>                          STERILIZED ONLY ↓                           PROCEED TO 307. CIRCLE CODE 'A' AND FOLLOW THE SKIP INSTRUCTION.                     </div> <div style="text-align: center;">                         PARTNER <input type="checkbox"/>                          STERILIZED ONLY ↓                           PROCEED TO 307. CIRCLE CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.                     </div> <div style="text-align: center;">                         BOTH <input type="checkbox"/>                          STERILIZED ↓                           PROCEED TO 307. CIRCLE CODE 'A' AND CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.                     </div> </div>		
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	YES ..... 1 NO ..... 2	→ 317
307	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 MALE 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	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	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.	MICROGYNON ..... 01 MICROLYTE ..... 02  OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	→ 314



SECTION 3. CONTRACEPTION (CAPI OPTION) (8)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	<p>CHECK 313 AND 314:</p> <p>YEAR IS 2020-2025 <input type="checkbox"/></p> <p><b>C</b> 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 2019 OR EARLIER <input type="checkbox"/></p> <p><b>C</b> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2020 .</p> <p>THEN (SKIP TO 329) ←</p>	
317	<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 2020. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p>		<b>C</b>
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 ONE} in {MONTH/YEAR ONE} and {EVENT TWO} in {MONTH/YEAR TWO}, did you or your partner use any method of	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 317I
317C	Which method was that?	METHOD CODE ..... <input type="text"/>	
317D	How many months after {EVENT ONE} in {MONTH/YEAR ONE} did you start to use the {METHOD}?  RECORD '95' IF THE RESPONDENT SAYS THE DATE OF STARTING TO USE THE METHOD.	<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	For how many months did you use the {METHOD} continuously?  RECORD '95' IF RESPONDENT GAVE THE DATE OF TERMINATION OF USE	<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	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
322	You first started using {METHOD} in {DATE FROM 314}. Where did you get it at that time?  PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	<b>PUBLIC SECTOR</b> REFERRAL HOSPITAL ..... 11 PROVINCIAL/DISTRICT HOSPITAL ..... 12 HEALTH CENTER ..... 13 HEALTH POST ..... 14 OUTREACH ..... 15 COMMUNITY HEALTH WORKER ..... 16 OTHER PUBLIC SECTOR ..... 17 _____ (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> POLYCLINIC ..... 21 PRIVATE CLINI ..... 22 PHARMACY ..... 23 DISPENSARY ..... 24 FAMILY PLANING CLINIC ..... 25  OTHER PRIVATE MEDICAL SECTOR ..... 26 _____ (SPECIFY)  <b>OTHER SOURCE</b> SHOP/BAR ..... 41 CHURCH ..... 42 FRIEND/RELATIVE ..... 43 YOUTH CENTER ..... 44 OTHER ..... 96 _____ (SPECIFY)	



SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	<p>Where did you obtain {METHOD} the last time?</p> <p>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>	<p><b>PUBLIC SECTOR</b></p> <p>REFERRAL HOSPITAL ..... 11</p> <p>PROVINCIAL/DISTRICT HOSPITAL .... 12</p> <p>HEALTH CENTER ..... 13</p> <p>HEALTH POST ..... 14</p> <p>OUTREACH ..... 15</p> <p>COMMUNITY HEALTH WORKER ..... 16</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 17</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>POLYCLINIC HOSPITAL ..... 21</p> <p>PRIVATE CLINIC ..... 22</p> <p>PHARMACY ..... 23</p> <p>DISPENSARY ..... 24</p> <p>FAMILY PLANING CLINIC ..... 25</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP/BAR ..... 41</p> <p>CHURCH ..... 42</p> <p>FRIEND/RELATIVE ..... 43</p> <p>YOUTH CENTER ..... 44</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	<p>In the last 12 months, were you visited by a Community health worker?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 334</p>
333	<p>Did the Community health worker talk to you about family planning?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
334	<p>CHECK 202: CHILDREN LIVING WITH</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 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 <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.  <b>PREGNANCY OUTCOME TYPE</b> 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 IN 407}, did you want to get pregnant at that time? b) When you got pregnant with the pregnancy that ended in {DATE FROM 406}, did you want to get pregnant at that time?	YES ..... 1 NO ..... 2	→ 411
409	Did you want to have a baby later on, or not at all?	LATER ..... 1 NOT AT ALL ..... 2	→ 411

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
410	How much longer did you want to wait?	MONTHS ..... 1 <input type="text"/> <input type="text"/> YEARS ..... 2 <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	
411	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH ..... 1 PRIOR LIVE BIRTH ..... 2 MOST RECENT STILLBIRTH ..... 3 PRIOR STILLBIRTH ..... 4 ABORTION/MISCARRIAGE ..... 5	→ 434 → 434 → 475
412	Did you see anyone for antenatal care for this pregnancy?	YES ..... 1 NO ..... 2	→ 414
413	CHECK 405: PREGNANCY OUTCOME TYPE  MOST RECENT LIVE BIRTH <input type="checkbox"/> (SKIP TO 420) ←	MOST RECENT STILLBIRTH <input type="checkbox"/> →	→ 426
414	Whom did you see?  Anyone else?  PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	<b>HEALTH PERSONNEL</b> DOCTOR ..... A NURSE/MIDWIFE ..... B AUXILIARY MIDWIFE ..... C <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... D COMMUNITY HEALTH WORKER ..... E COMMUNITY HEALTH WORKER IN CHARGE OF MOTHER AND CHILD ..... F OTHER _____ X (SPECIFY)	
415	Where did you receive antenatal care for this pregnancy?  Anywhere else?  PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	<b>HOME</b> HER HOME ..... A OTHER HOME ..... B  <b>PUBLIC SECTOR</b> REF. HOSPITAL ..... C PROV/DIST. HOSPITAL ..... D HEALTH CENTER ..... E HEALTH POST ..... F OUTREACH ..... G OTHER PUBLIC SECTOR ..... H  _____ (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> DISPENSARY ..... K POLYCLINIC ..... I PRIVATE CLINIC ..... J  OTHER PRIVATE MEDICAL SECTOR ..... L _____ (SPECIFY)  OTHER _____ X (SPECIFY)	
416	How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?	WEEKS ..... 1 <input type="text"/> <input type="text"/> MONTHS ..... 2 <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	
417	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
418	As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following: a) Measure your blood pressure? b) Take a urine sample? c) Take a blood sample? d) Listen to the baby's heartbeat? e) Talk with you about which foods or how much food you should eat? f) Talk with you about breastfeeding? g) Ask you if you had vaginal bleeding? h) Measured your mid upper arm circumference?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> <tr> <td>a) BP .....</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) URINE .....</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>c) BLOOD .....</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) HEARTBEAT .....</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) FOODS .....</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) BREASTFEED .....</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) BLEEDING .....</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) CIRCUMFERENCE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </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	h) CIRCUMFERENCE .....	1	2	8	
	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																																				
h) CIRCUMFERENCE .....	1	2	8																																				
419	CHECK 405: PREGNANCY OUTCOME TYPE  MOST RECENT LIVE BIRTH <input type="checkbox"/>	MOST RECENT STILLBIRTH <input type="checkbox"/>	→ 426																																				
420	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus after birth?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 423																																				
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 OR DK <input type="checkbox"/>	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 ONE <input type="checkbox"/> MORE THAN ONE <input type="checkbox"/> a) How many years ago did you receive that tetanus injection?      b) How many years ago did you receive the last tetanus injection prior to this pregnancy?	YEARS AGC ..... <input type="text"/> <input type="text"/>																																					
426	During this pregnancy, were you given or did you buy any iron tablets , iron syrup or Multiple Micronutrient supplement?  SHOW TABLETS/SYRUP/MULTIPLE MICRONUTRIENT SUPPLEMENT.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 429																																				

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
427	<p>Where did you get the iron tablets, syrup or Multiple Micronutrient Supplement?</p> <p>Anywhere else?</p> <p>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>	<p><b>PUBLIC SECTOR</b></p> <p>REFERRAL HOSPITAL ..... A</p> <p>PROVINCIAL/DISTRICT HOSPITAL ..... B</p> <p>HEALTH CENTER ..... C</p> <p>HEALTH POST ..... D</p> <p>OUTREACH ..... E</p> <p>COMMUNITY HEALTH WORKER ..... F</p> <p>OTHER PUBLIC SECTOR ..... G</p> <p>_____</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>POLYCLINIC HOSPITAL ..... H</p> <p>PRIVATE CLINIC ..... I</p> <p>DISPENSARY ..... J</p> <p>PHARMACY ..... M</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... N</p> <p>_____</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>FRIEND/RELATIVE ..... Q</p> <p>.....</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>				
428	<p>During the whole pregnancy, for how many days did you take the iron tablets, syrup or Multiple Micronutrient Supplement?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.</p>	<p>DAYS ..... <table border="1" data-bbox="1013 951 1187 1010"> <tr> <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>DON'T KNOW ..... 998</p>				
429	<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	<p>During this pregnancy, did you receive food or cash assistance through the program reserved for pregnant women?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>				

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
434	<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 IN 407}? Anyone else?  PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p> <p>b) Who assisted with the delivery of the stillbirth you had in {DATE FROM 406}? Anyone else?  PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... A NURSE/MIDWIFE ..... B AUXILIARY MIDWIFE ..... C</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... D COMMUNITY HEALTH WORKER ..... E COMMUNITY HEALTH WORKER IN CHARGE OF MOTHER AND CHILD ..... F RELATIVE/FRIENC..... G</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE ASSISTED ..... Y</p>	
435	<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 IN 407}?  PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p> <p>b) Where did you deliver this stillbirth?  PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11 OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>REF. HOSPITAL ..... 21 PROV/DIST. HOSPITAL ..... 22 HEALTH CENTER ..... 23 HEALTH POST ..... 24 OUTREACH ..... 25</p> <p>OTHER PUBLIC SECTOR ..... 26 _____ (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>DISPENSARY ..... 31 POLYCLINIC ..... 32</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 36 _____ (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 436</p> <p>→ 437</p>
435A	<p>Why did you not deliver {NAME IN 407} at a health facility?</p>	<p>FACILITY COST TOO MUCH ..... 01 TOO FAR/ NO TRANSPORT ..... 02 DON'T TRUST FACILITY ..... 03 NO FEMALE PROVIDER ..... 04 HUSBAND FAMILY DON'T ALLOW ..... 05 NOT NECESSARY/EASY DELIVERY/ COMFORTABLE POSITION ..... 06 CUSTOMARY TO DELIVER AT HO ..... 07</p> <p>OTHER _____ 96 SPECIFY</p>	<p>→ 437</p>

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
436	CHECK 405: PREGNANCY TYPE <input type="checkbox"/> 1 OR 2 PREGNANCY TYPE <input type="checkbox"/> 3 OR 4 a) Was {NAME IN 407} delivered by caesarean, that is, did they cut your belly open to take the baby out? b) Was this stillbirth delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES ..... 1 NO ..... 2	→ 437
436A	When was the decision made to have caesarean section? Was it before or after your labor pains started?	BEFORE ..... 1 AFTER ..... 2 DON'T KNOW ..... 8	
437	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH ..... 1 PRIOR LIVE BIRTH ..... 2 MOST RECENT STILLBIRTH ..... 3 PRIOR STILLBIRTH ..... 4	→ 441 → 445 → 487
438	After the birth, was {NAME IN 407} put on your chest?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 441
439	Was {NAME IN 407}'s bare skin touching your bare skin?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 441
440	How long after birth was {NAME IN 407} put on the bare skin of your chest?  PROBE FOR A NUMERIC RESPONSE. IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF 24 HOURS OR MORE, RECORD 24.	IMMEDIATELY ..... 00  HOURS ..... <input type="text"/> <input type="text"/>	
441	When {NAME IN 407} was born, was {NAME IN 407} very large, larger than average, average, smaller than average, or very small?	VERY LARGE ..... 1 LARGER THAN AVERAG ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	
442	Was {NAME IN 407} weighed at birth?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 444
443	How much did {NAME IN 407} weigh?  RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <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

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
447	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="checkbox"/> 1 PREGNANCY TYPE <input type="checkbox"/> 3</p> <p>a) How long after {NAME IN 407} was delivered did you stay in the {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 the {FACILITY IN 435}?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS ..... 1</p> <p>DAYS ..... 2</p> <p>WEEKS ..... 3</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</p> <p>DAYS ..... 2</p> <p>WEEKS ..... 3</p> <p>DON'T KNOW ..... 998</p>	
450	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... 11</p> <p>NURSE/MIDWIFE ..... 12</p> <p>AUXILIARY MIDWIFE ..... 13</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... 21</p> <p>COMMUNITY HEALTH WORKER ..... 22</p> <p>COMMUNITY HEALTH WORKER IN CHARGE OF MOTHER AND CHILD ..... 23</p> <p>OTHER ..... 96</p> <p>(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 IN 407}'s health -- for example, someone examining {NAME IN 407}, checking the cord, or talking to you about how to care for {NAME IN 407}.</p> <p>Before {NAME IN 407} left the facility, did anyone check on {NAME IN 407}'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 IN 407}'s health first checked?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS ..... 1</p> <p>DAYS ..... 2</p> <p>WEEKS ..... 3</p> <p>DON'T KNOW ..... 998</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
454	Who checked on {NAME IN 407}'s health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE ..... 12 AUXILIARY MIDWIFE ..... 13  <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... 21 COMMUNITY HEALTH WORKER ..... 22 COMMUNITY HEALTH WORKER IN CHARGE OF MOTHER AND CHILD ..... 23  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" data-bbox="1068 569 1187 621"><tr><td></td><td></td></tr></table> DAYS ..... 2 <table border="1" data-bbox="1068 621 1187 674"><tr><td></td><td></td></tr></table> WEEKS ..... 3 <table border="1" data-bbox="1068 674 1187 726"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 998							
457	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE ..... 12 AUXILIARY MIDWIFE ..... 13  <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... 21 COMMUNITY HEALTH WORKE ..... 22 COMMUNITY HEALTH WORKER IN CHARGE OF MOTHER AND CHILD ..... 23  OTHER _____ 96 (SPECIFY)							
458	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.	<b>HOME</b> HER HOME ..... 11 OTHER HOME ..... 12  <b>PUBLIC SECTOR</b> REF. HOSPITAL ..... 21 PROV/DIST. HOSPITA ..... 22 HEALTH CENTER ..... 23 HEALTH POST ..... 24 OUTREACH ..... 25  OTHER PUBLIC SECTOR ..... 26 _____ (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> POLYCLINIC HOSPIT. .... 31 PRIVATE CLINIC ..... 32 OTHER PRIVATE MEDICAL SECTOR ..... 36 _____ (SPECIFY)  OTHER _____ 96 (SPECIFY)							
459	CHECK 405: PREGNANCY OUTCOME TYPE  MOST RECENT LIVE BIRTH <input type="checkbox"/>	MOST RECENT STILLBIRTH <input type="checkbox"/>	→ 474						

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
460	After {NAME IN 407} left the {FACILITY IN 435} did any health care provider or a traditional birth attendant check on {NAME IN 407}'s health?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 473												
461	How long after the birth of {NAME IN 407} did that check take place?  IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS ..... 1 <table border="1" data-bbox="1068 233 1187 289"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS ..... 2 <table border="1" data-bbox="1068 289 1187 346"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS ..... 3 <table border="1" data-bbox="1068 346 1187 403"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ..... 998													
462	Who checked on {NAME IN 407}'s health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE ..... 12 AUXILIARY MIDWIFE ..... 13 <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... 21 COMMUNITY HEALTH WORKER ..... 22 COMMUNITY HEALTH WORKER IN CHARGE OF MOTHER AND CHILD ..... 23  OTHER _____ 96 (SPECIFY)													
463	Where did this check of {NAME IN 407} take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	<b>HOME</b> HER HOME ..... 11 OTHER HOME ..... 12  <b>PUBLIC SECTOR</b> REF. HOSPITAL ..... 21 PROV/DIST. HOSPITAL ..... 22 HEALTH CENTER ..... 23 HEALTH POST ..... 24 OUTREACH ..... 25  OTHER PUBLIC SECTOR ..... 26 _____ (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> DISPENSARY ..... 31 POLYCLINIC ..... 32 OTHER PRIVATE MEDICAL SECTOR ..... 36 _____ (SPECIFY)  OTHER _____ 96 (SPECIFY)	<input type="checkbox"/> → 473												
464	CHECK 405:  PREGNANCY TYPE <input type="checkbox"/> 1 ↓      PREGNANCY TYPE <input type="checkbox"/> 3 ↓  a) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to {NAME IN 407}? ----- b) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you delivered the stillbirth you had in {DATE FROM 406}?	YES ..... 1 NO ..... 2	<input type="checkbox"/> → 468												

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
465	How long after delivery did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS ..... 1 <table border="1" data-bbox="1068 128 1187 184"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS ..... 2 <table border="1" data-bbox="1068 184 1187 241"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS ..... 3 <table border="1" data-bbox="1068 241 1187 298"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ..... 998													
466	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE ..... 12 AUXILIARY MIDWIFE ..... 13 <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... 21 COMMUNITY HEALTH WORKER ..... 22 COMMUNITY HEALTH WORKER IN CHARGE OF MOTHER AND CHILD ..... 23  OTHER _____ 96 (SPECIFY)													
467	Where did this first check take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	<b>HOME</b> HER HOME ..... 11 OTHER HOME ..... 12  <b>PUBLIC SECTOR</b> REF. HOSPITAL ..... 21 PROV/DIST. HOSPITAL ..... 22 HEALTH CENTER ..... 23 HEALTH POST ..... 24 OUTREACH ..... 25 OTHER PUBLIC SECTOR ..... 26  _____ (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> DISPENSARY ..... 31 POLYCLINIC ..... 32  OTHER PRIVATE MEDICAL SECTOR ..... 36 _____ (SPECIFY)  OTHER _____ 96 (SPECIFY)													
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 IN 407}'s health -- for example, someone examining {NAME IN 407}, checking the cord, or talking to you about how to care for {NAME IN 407}.  After {NAME IN 407} was born, did any health care provider or a traditional birth attendant check on {NAME IN 407}'s health?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 473												
470	How long after the birth of {NAME IN 407} did that check take place?  IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS ..... 1 <table border="1" data-bbox="1068 1680 1187 1736"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS ..... 2 <table border="1" data-bbox="1068 1736 1187 1793"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS ..... 3 <table border="1" data-bbox="1068 1793 1187 1850"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ..... 998													



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
477	CHECK 232: IS RESPONDENT PREGNANT?  NOT PREGNANT <input type="checkbox"/>	PREGNANT <input type="checkbox"/> OR UNSURE	→ 479								
478	CHECK 405:  PREGNANCY TYPE 1 <input type="checkbox"/> PREGNANCY TYPE 3 OR 5 <input type="checkbox"/>  a) Have you had sexual intercourse since the birth of {NAME IN 407}?      b) Have you had sexual intercourse since the pregnancy that ended in {DATE FROM 406}?	YES ..... 1 NO ..... 2									
479	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH ..... 1 MOST RECENT STILLBIRTH ..... 3 MISCARRIAGE/ABORTION ..... 5	→ 487								
480	Did you ever breastfeed {NAME IN 407}?	YES ..... 1 NO ..... 2	→ 482								
481	CHECK 224 FOR CHILD:	LIVING <input type="checkbox"/> → 486  DEAD <input type="checkbox"/> → 487									
482	How long after birth did you first put {NAME IN 407} to the breast?  IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY ..... 000  HOURS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
483	In the first 2 days after delivery, was {NAME IN 407} given anything other than breast milk to eat or drink – anything at all like water, infant formula, or [INSERT COMMON DRINKS AND FOODS THAT MAY BE GIVEN TO NEWBORN INFANTS]?	YES ..... 1 NO ..... 2									
484	CHECK 224 FOR CHILD:	LIVING <input type="checkbox"/> → 487  DEAD <input type="checkbox"/>									
485	Are you still breastfeeding {NAME IN 407}?	YES ..... 1 NO ..... 2									
486	Did {NAME IN 407} drink anything from a bottle with a nipple yesterday during the day or at night?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
487	CHECK 402: ANY MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY?  MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>  (GO TO 404 FOR THE NEXT PREGNANCY OUTCOME)	NO MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 501									

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 220, 224 AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY?  ONE OR MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <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 last 3 years. We will talk about each separately, starting with the youngest.		
503	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF THE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE.  NAME OF CHILD _____ PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>		
503A	Has {NAME IN 503}'s registered in the Digital Vaccination System?	YES, HAS REGISTERED ..... 1 NO, HAS NOT REGISTERED ..... 2 → 504	
503B	May I see the Digital Vaccination code for {NAME IN 503}?	YES, CODE SEEN ..... 1 NO, CODE NOT SEEN ..... 2 → 504	
503C	ASK THE RESPONDENT FOR PERMISSION TO PHOTOGRAPH DOCUMENT WHERE THE CODES ARE WRITTEN. IF PERMISSION IS GRANTED, PHOTOGRAPH THE CODES.	CODE PHOTOGRAPHED ..... 1 CODE NOT PHOTOGRAPH, PERMISSION NOT GRANTED ..... 2 CODE NOT PHOTOGRAPHED, OTHER REASON ..... 6	
504	Do you have a card or other document where {NAME IN 503}'s vaccinations are written down?	YES, HAS ONLY A CARD ..... 1 → 507 YES, HAS ONLY ANOTHER DOCUMENT .... 2 → 507 YES, HAS CARD AND OTHER DOCUMENT ... 3 NO, NO CARD AND NO OTHER DOCUMENT .. 4	
505	Did you ever have a vaccination card for {NAME IN 503}?	YES ..... 1 NO ..... 2	
506	CHECK 504:  CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/> → 513		
507	May I see the card or other document where {NAME IN 503}'s vaccinations are written down?	YES, ONLY CARD SEEN ..... 1 YES, ONLY OTHER DOCUMENT SEEN ..... 2 YES, CARD AND OTHER DOCUMENT SEEN .. 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4 → 513	
508	RECORD (NAME'S) DATE OF BIRTH FROM THE VACCINATION CARD OR OTHER DOCUMENT.  DAY ..... <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 NUMBE . . . .	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																																																																																																																																																																	
509	<p>COPY VACCINATION DATES FROM THE CARD FOR (NAME). RECORD '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. RECORD '00' IN 'DAY' COLUMN IF CARD IS BLANK FOR THE DOSE.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;"></th> <th style="width: 10%;">DAY</th> <th style="width: 10%;">MONTH</th> <th style="width: 10%;">YEAR</th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>HEPATITIS B AT BIRTH</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)</td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td>21</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td>19</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td>16</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>INACTIVATED POLIO VACCINE (IPV)</td><td>16</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td>21</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td>19</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td>16</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 1</td><td>21</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 2</td><td>19</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 3</td><td>16</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 1</td><td>21</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 2</td><td>19</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 3</td><td>16</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>[MEASLES CONTAINING VACCINE] 1</td><td>14</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>[MEASLES CONTAINING VACCINE] 2</td><td>15</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR					BCG								HEPATITIS B AT BIRTH								ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)	1							ORAL POLIO VACCINE (OPV) 1	21							ORAL POLIO VACCINE (OPV) 2	19							ORAL POLIO VACCINE (OPV) 3	16							INACTIVATED POLIO VACCINE (IPV)	16							DPT-HEP.B-HIB (PENTAVALENT) 1	21							DPT-HEP.B-HIB (PENTAVALENT) 2	19							DPT-HEP.B-HIB (PENTAVALENT) 3	16							PNEUMOCOCCAL 1	21							PNEUMOCOCCAL 2	19							PNEUMOCOCCAL 3	16							ROTAVIRUS 1	21							ROTAVIRUS 2	19							ROTAVIRUS 3	16							[MEASLES CONTAINING VACCINE] 1	14							[MEASLES CONTAINING VACCINE] 2	15							VITAMIN A (MOST RECENT)									
	DAY	MONTH	YEAR																																																																																																																																																																
BCG																																																																																																																																																																			
HEPATITIS B AT BIRTH																																																																																																																																																																			
ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)	1																																																																																																																																																																		
ORAL POLIO VACCINE (OPV) 1	21																																																																																																																																																																		
ORAL POLIO VACCINE (OPV) 2	19																																																																																																																																																																		
ORAL POLIO VACCINE (OPV) 3	16																																																																																																																																																																		
INACTIVATED POLIO VACCINE (IPV)	16																																																																																																																																																																		
DPT-HEP.B-HIB (PENTAVALENT) 1	21																																																																																																																																																																		
DPT-HEP.B-HIB (PENTAVALENT) 2	19																																																																																																																																																																		
DPT-HEP.B-HIB (PENTAVALENT) 3	16																																																																																																																																																																		
PNEUMOCOCCAL 1	21																																																																																																																																																																		
PNEUMOCOCCAL 2	19																																																																																																																																																																		
PNEUMOCOCCAL 3	16																																																																																																																																																																		
ROTAVIRUS 1	21																																																																																																																																																																		
ROTAVIRUS 2	19																																																																																																																																																																		
ROTAVIRUS 3	16																																																																																																																																																																		
[MEASLES CONTAINING VACCINE] 1	14																																																																																																																																																																		
[MEASLES CONTAINING VACCINE] 2	15																																																																																																																																																																		
VITAMIN A (MOST RECENT)																																																																																																																																																																			
510	<p>ASK THE RESPONDENT FOR PERMISSION TO PHOTOGRAPH VACCINATION CARD OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN. IF PERMISSION IS GRANTED, PHOTOGRAPH CARD.</p>	<p>PHOTOGRAPH TAKEN . . . . . 1 PHOTOGRAPH NOT TAKEN, PERMISSION NOT RECEIVED . . . . . 2 PHOTOGRAPH NOT TAKEN, OTHER REASC . . . 6</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(SPECIFY)</p>																																																																																																																																																																	
511	<p>CHECK 509: 'BCG' TO '[MEASLES CONTAINING VACCINE] 2' ALL HAVE A DATE RECORDED OR '44' RECORDED IN THE 'DAY' COLUMN?</p> <p style="text-align: center;">NO <input type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p>YES <input type="checkbox"/> → 529</p>																																																																																																																																																																	

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE . . . . <input type="text"/> <input type="text"/>	
512	<p>In addition to what is recorded on (this document/these documents), did {NAME IN 503} receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?</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            (USE THE LIST SHOWN IN CAPI TO SELECT THE OTHER VACCINATIONS GIVEN. NOTE THAT CAPI WILL CHANGE THE ANSWER IN 509 IN THE 'DAY' COLUMN FROM '00' TO '66' FOR THE SELECTED VACCINATIONS.)            (THEN SKIP TO 529) ←</p> <p>NO ..... 2            DON'T KNOW ..... 8</p>	
512W	MARK ALL VACCINES THE RESPONDENT DECLARED WERE GIVEN TO ~~Q503N~~ FROM THE		
512A	<p>CHECK 509: ANY VACCINATIONS RECORDED ON THE CARD?</p> <p>YES <input type="checkbox"/> → SKIP TO 529 ←</p> <p>NO <input type="checkbox"/> → 530</p>		
513	Did {NAME IN 503} ever receive any vaccinations to prevent {NAME IN 503} from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	<p>YES ..... 1            NO ..... 2            DON'T KNOW ..... 8</p>	→ 530
514	Has {NAME IN 503} ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	<p>YES ..... 1            NO ..... 2            DON'T KNOW ..... 8</p>	
515	At or soon after birth, did {NAME IN 503} receive a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B?	<p>YES ..... 1            NO ..... 2            DON'T KNOW ..... 8</p>	→ 517
516	Did {NAME IN 503} receive it within 24 hours of birth?	<p>YES ..... 1            NO ..... 2            DON'T KNOW ..... 8</p>	
517	Has {NAME IN 503} 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	Did {NAME IN 503} 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 IN 503} receive the oral polio vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
520	The last time {NAME IN 503} received the polio drops, did {NAME IN 503} also get an IPV injection in the arm to protect against polio?	<p>YES ..... 1            NO ..... 2            DON'T KNOW ..... 8</p>	
521	Has {NAME IN 503} ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	<p>YES ..... 1            NO ..... 2            DON'T KNOW ..... 8</p>	→ 523
522	How many times did {NAME IN 503} receive the pentavalent vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
523	Has {NAME IN 503} 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 IN 503} receive the pneumococcal vaccine?	NUMBER OF TIMES ..... <input type="text"/>	



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
601	<p>CHECK 220, 224, AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?</p> <p>ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE <input type="checkbox"/></p>	<p>NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p>	643																
602	<p>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.</p>																		
603	<p>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.</p> <p>NAME OF CHILD _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/></p>																		
604	<p>In the last 12 months, was {NAME IN 603} given any of the following:</p> <p>a) Iron tablets or syrup?</p> <p>SHOW COMMON TYPES OF TABLETS/SYRUPS.</p> <p>b) Ongera powder?</p> <p>SHOW MULTIPLE MICRONUTRIENT POWDER.</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> <td style="text-align: right;">DK</td> </tr> <tr> <td>a) TABLETS/SYRUP .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>b) ONGERA POWDER .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> </table>		YES	NO	DK	a) TABLETS/SYRUP .....	1	2	8	b) ONGERA POWDER .....	1	2	8					
	YES	NO	DK																
a) TABLETS/SYRUP .....	1	2	8																
b) ONGERA POWDER .....	1	2	8																
605	<p>In the last 6 months, was {NAME IN 603} given a vitamin A dose like [this/any of these]?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.</p>	<table border="0"> <tr> <td>YES .....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO .....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td style="text-align: right;">8</td> </tr> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8											
YES .....	1																		
NO .....	2																		
DON'T KNOW .....	8																		
606	<p>In the last 6 months, was {NAME IN 603} given any medicine for intestinal worms?</p>	<table border="0"> <tr> <td>YES .....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO .....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td style="text-align: right;">8</td> </tr> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8											
YES .....	1																		
NO .....	2																		
DON'T KNOW .....	8																		
607	<p>In the last 3 months, has any healthcare provider or community health worker measured:</p> <p>a) {NAME IN 603}'s weight?</p> <p>b) {NAME IN 603}'s length or height?</p> <p>c) Around {NAME IN 603}'s upper arm?</p> <p>SHOW IMAGE OF MUAC TAPE.</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> <td style="text-align: right;">DK</td> </tr> <tr> <td>a) WEIGHT .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>b) LENGTH/HEIGHT .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>c) UPPER ARM .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> </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	<p>Has {NAME IN 603} had diarrhea in the last 2 weeks?</p>	<table border="0"> <tr> <td>YES .....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO .....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td style="text-align: right;">8</td> </tr> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8	618										
YES .....	1																		
NO .....	2																		
DON'T KNOW .....	8																		
608A	<p>Was there any blood in the stools?</p>	<table border="0"> <tr> <td>YES .....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO .....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td style="text-align: right;">8</td> </tr> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8											
YES .....	1																		
NO .....	2																		
DON'T KNOW .....	8																		



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBI . . . . <input type="text"/> <input type="text"/>																					
613	CHECK 612:  TWO OR MORE CODES CIRCLED <input type="checkbox"/>	ONLY ONE CODE CIRCLED <input type="checkbox"/> → 615																					
614	Where did you first seek advice or treatment?  USE LETTER CODE FROM 612.	FIRST PLACE . . . . . <input type="text"/>																					
615	Was {NAME IN 603} given any of the following at any time since {NAME IN 603} started having the a) A fluid made from a special packet? b) Pre-packaged ORS liquid? c) Zinc tablets or syrup? d) Homemade fluid?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <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> </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	
	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																				
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?	<table border="0"> <tr> <td>YES . . . . .</td> <td>1</td> </tr> <tr> <td>NO . . . . .</td> <td>2</td> </tr> <tr> <td>DON'T KNOW . . . . .</td> <td>8</td> </tr> </table>	YES . . . . .	1	NO . . . . .	2	DON'T KNOW . . . . .	8	→ 618														
YES . . . . .	1																						
NO . . . . .	2																						
DON'T KNOW . . . . .	8																						
617	CHECK 615:  ANY 'YES' <input type="checkbox"/> a) What else was given to treat the diarrhea?  Anything else?  RECORD ALL TREATMENTS GIVEN.  ALL 'NO' OR 'DK' <input type="checkbox"/> b) What was given to treat the diarrhea?  Anything else?  RECORD ALL TREATMENTS GIVEN.	<p><b>PILL OR SYRUP</b></p> <p>ANTIBIOTIC (PILL OR SYRUP) . . . . . A          ANTIMOTILITY (PILL OR SYRUP) . . . . . B          OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) . . . . . C          UNKNOWN PILL OR SYRUP . . . . . D</p> <p><b>INJECTION</b></p> <p>ANTIBIOTIC . . . . . E          NON-ANTIBIOTIC . . . . . F          UNKNOWN INJECTION . . . . . G</p> <p>(IV) INTRAVENOUS . . . . . H</p> <p>HOME REMEDY/HERBAL MEDICINE . . . . . I</p> <p>OTHER _____ X          (SPECIFY)</p>																					
618	Has {NAME IN 603} been ill with a fever at any time in the last 2 weeks?	<table border="0"> <tr> <td>YES . . . . .</td> <td>1</td> </tr> <tr> <td>NO . . . . .</td> <td>2</td> </tr> <tr> <td>DON'T KNOW . . . . .</td> <td>8</td> </tr> </table>	YES . . . . .	1	NO . . . . .	2	DON'T KNOW . . . . .	8	→ 621														
YES . . . . .	1																						
NO . . . . .	2																						
DON'T KNOW . . . . .	8																						
619	At any time during the illness, did {NAME IN 603} have blood taken from {NAME IN 603}'s finger or heel for testing?	<table border="0"> <tr> <td>YES . . . . .</td> <td>1</td> </tr> <tr> <td>NO . . . . .</td> <td>2</td> </tr> <tr> <td>DON'T KNOW . . . . .</td> <td>8</td> </tr> </table>	YES . . . . .	1	NO . . . . .	2	DON'T KNOW . . . . .	8															
YES . . . . .	1																						
NO . . . . .	2																						
DON'T KNOW . . . . .	8																						
620	Were you told by a healthcare provider that {NAME IN 603} had malaria?	<table border="0"> <tr> <td>YES . . . . .</td> <td>1</td> </tr> <tr> <td>NO . . . . .</td> <td>2</td> </tr> <tr> <td>DON'T KNOW . . . . .</td> <td>8</td> </tr> </table>	YES . . . . .	1	NO . . . . .	2	DON'T KNOW . . . . .	8															
YES . . . . .	1																						
NO . . . . .	2																						
DON'T KNOW . . . . .	8																						
621	Has {NAME IN 603} had an illness with a cough at any time in the last 2 weeks?	<table border="0"> <tr> <td>YES . . . . .</td> <td>1</td> </tr> <tr> <td>NO . . . . .</td> <td>2</td> </tr> <tr> <td>DON'T KNOW . . . . .</td> <td>8</td> </tr> </table>	YES . . . . .	1	NO . . . . .	2	DON'T KNOW . . . . .	8															
YES . . . . .	1																						
NO . . . . .	2																						
DON'T KNOW . . . . .	8																						
622	Has {NAME IN 603} had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	<table border="0"> <tr> <td>YES . . . . .</td> <td>1</td> </tr> <tr> <td>NO . . . . .</td> <td>2</td> </tr> <tr> <td>DON'T KNOW . . . . .</td> <td>8</td> </tr> </table>	YES . . . . .	1	NO . . . . .	2	DON'T KNOW . . . . .	8	→ 624														
YES . . . . .	1																						
NO . . . . .	2																						
DON'T KNOW . . . . .	8																						



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMB1 . . . . <input type="text"/> <input type="text"/>	
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 IN 603}? IF SAME DAY, RECORD '00'.	DAYS . . . . . <input type="text"/> <input type="text"/>	
630	At any time during the illness, did {NAME IN 603} take any medicine for the illness?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8	→ 634
631	What medicine did {NAME IN 603} take? Any other medicine?  RECORD ALL MENTIONED. IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION	<p><b>ANTIMALARIAL MEDICINE</b></p> <p>ARTEMISININ COMBINATION THERAPY (ACT) COARTEM . . . . . A ACT PRIMOQUINE . . . . . B QUININE . . . . . C ARTESUNATE . . . . . D OTHER ANTIMALARIAL . . . . . I</p> <p>_____ (SPECIFY)</p> <p><b>ANTIBIOTIC MEDICINE</b></p> <p>AMOXICILLIN . . . . . J COTRIMOXAZOLE . . . . . K OTHER PILL/SYRUP . . . . . L OTHER INJECTION/IV . . . . . M</p> <p><b>OTHER MEDICINE</b></p> <p>ASPIRIN . . . . . N PARACETAMOL/PANADOL/ACETAMINOPH O IBUPROFEN . . . . . P</p> <p>OTHER _____ X _____ (SPECIFY)</p> <p>DON'T KNOW . . . . . Z</p>	
632	CHECK 631: ARTEMISININ COMBINATION THERAPY ('A') GIVEN	CODE 'A' <input type="checkbox"/> CIRCLED	CODE 'A' <input type="checkbox"/> NOT CIRCLED → 634
633	How long after the fever started did {NAME IN 603} first take an artemisinin combination therapy?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVI . . . . . 3 DON'T KNOW . . . . . 8	
634	CHECK 220, 224, AND 225 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?  MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/>  (GO TO 603 FOR THE NEXT SURVIVING CHILD) ←	NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	→ 635

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																												
635	<p>CHECK 220, 225 AND 226, ALL ROWS: NUMBER OF CHILDREN BORN 0-23 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT</p> <p style="text-align: center;">ONE OR MORE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p style="text-align: center;">(NAME OF YOUNGEST CHILD LIVING WITH HER)</p> <p style="text-align: center;">↓</p>	<p style="text-align: center;">NONE <input type="checkbox"/></p> <p style="text-align: right;">→ 643</p>																																																													
636	<p>Now I would like to ask you about liquids that {NAME IN 635} had yesterday during the day or at night. Please tell me about all drinks, whether {NAME IN 635} had them at home, or somewhere else. Yesterday during the day or at night, did {NAME IN 635} drink:</p> <p>a) Plain water?</p> <hr/> <p>b) Infant formula such as Kigozi, Nan, France, Lait?</p> <p>IF YES:</p> <p>b1) How many times did {NAME IN 635} drink infant formula?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p> <hr/> <p>c) Milk from animals, including fresh, packaged, or powdered milk ?</p> <p>IF YES:</p> <p>c1) How many times did {NAME IN 635} drink milk?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p> <p>c2) Was the milk a sweet or flavored type of milk?</p> <hr/> <p>e) Soy milk?</p> <p>IF YES:</p> <p>e1) Was it a sweet or flavored type of drink?</p> <hr/> <p>f) Chocolate flavored drinks?</p> <hr/> <p>g) Fruit juice or fruit-flavored drinks?</p> <hr/> <p>h) Sodas, malt drinks, sports drinks, or energy</p> <hr/> <p>i) Tea?</p> <p>IF YES:</p> <p>i1) Was the drink sweetened?</p> <hr/> <p>j) Clear broth or clear soup?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 15%; text-align: center;">YES</th> <th style="width: 15%; text-align: center;">NO</th> <th style="width: 15%; 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>b1) NUMBER OF TIMES DRANK <input style="width: 40px; height: 20px;" type="text"/></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>c1) NUMBER OF TIMES DRANK <input style="width: 40px; height: 20px;" type="text"/></td> <td></td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td>c2) 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>e1) 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>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>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>i1) 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>j) .....</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	b1) NUMBER OF TIMES DRANK <input style="width: 40px; height: 20px;" type="text"/>			8	c) .....	1	2	8	c1) NUMBER OF TIMES DRANK <input style="width: 40px; height: 20px;" type="text"/>			8	c2) SWEET/ FLAVORED ..	1	2	8	e) .....	1	2	8	e1) SWEET/ FLAVORED ..	1	2	8	f) .....	1	2	8	g) .....	1	2	8	h) .....	1	2	8	i) .....	1	2	8	i1) SWEETENED	1	2	8	j) .....	1	2	8	
	YES	NO	DK																																																												
a) .....	1	2	8																																																												
b) .....	1	2	8																																																												
b1) NUMBER OF TIMES DRANK <input style="width: 40px; height: 20px;" type="text"/>			8																																																												
c) .....	1	2	8																																																												
c1) NUMBER OF TIMES DRANK <input style="width: 40px; height: 20px;" type="text"/>			8																																																												
c2) SWEET/ FLAVORED ..	1	2	8																																																												
e) .....	1	2	8																																																												
e1) SWEET/ FLAVORED ..	1	2	8																																																												
f) .....	1	2	8																																																												
g) .....	1	2	8																																																												
h) .....	1	2	8																																																												
i) .....	1	2	8																																																												
i1) SWEETENED	1	2	8																																																												
j) .....	1	2	8																																																												

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP																														
	<p>k) Any other liquids? IF YES: k1) What was the drink?</p> <p>MARK THE APPROPRIATE GROUP FOR EACH ADDITIONAL DRINK, IF THE GROUP IS NOT YET CODED 'YES'.</p> <p>IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL DRINK BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO REGISTER THE NAME OF THE DRINK.</p> <p>k2) Was the drink sweetened?</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> <tr> <td>k) .....</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 colspan="4">OTHER DRINK(S) _____</td> </tr> <tr> <td></td> <td colspan="3" style="text-align: center;">(SPECIFY)</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> </table>		YES	NO	DK	k) .....	1	2	8	OTHER DRINK(S) _____					(SPECIFY)			SWEETENED	1	2	8													
	YES	NO	DK																																
k) .....	1	2	8																																
OTHER DRINK(S) _____																																			
	(SPECIFY)																																		
SWEETENED	1	2	8																																
637	<p>Now I would like to ask you about foods that {NAME IN 635} had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different foods, and I would like to know whether your child ate the food even if it was combined with other foods. Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish.</p> <p>Yesterday during the day or at night, did {NAME IN 635} consume/eat:</p> <p>a) Yogurt ?</p> <p>IF YES: a1) How many times did {NAME IN 635} have consume/eat yogurt ?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p> <p>a2) Did {NAME IN 635} have any type of yogurt as a drink, such as Masaka or Inyange?</p> <p>IF YES: a3) Was it a sweet or flavored type of drink?</p> <hr/> <p>b) Porridge, bread, rice, noodles, pasta ?</p> <hr/> <p>c) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</p> <hr/> <p>d) Plantains, white potatoes, white yams, manioc, cassava, or or any other foods made from roots?</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> <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>a1) NUMBER OF TIMES ATE <input style="width: 30px; height: 15px;" type="text"/></td> <td></td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td>a2) HAD YOGURT AS A DRINK . . .</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>a3) 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>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>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>d) .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>		YES	NO	DK	a) .....	1	2	8	a1) NUMBER OF TIMES ATE <input style="width: 30px; height: 15px;" type="text"/>			8	a2) HAD YOGURT AS A DRINK . . .	1	2	8	a3) SWEETENED	1	2	8	b) .....	1	2	8	c) .....	1	2	8	d) .....	1	2	8	
	YES	NO	DK																																
a) .....	1	2	8																																
a1) NUMBER OF TIMES ATE <input style="width: 30px; height: 15px;" type="text"/>			8																																
a2) HAD YOGURT AS A DRINK . . .	1	2	8																																
a3) SWEETENED	1	2	8																																
b) .....	1	2	8																																
c) .....	1	2	8																																
d) .....	1	2	8																																

## SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	e) Any dark green, leafy vegetables, such as spinach, dodo, lmbwija, or other dark green, leafy vegetables?	e) .....	1	2	8
	f) Any other vegetables?	f) .....	1	2	8
	g) Ripe mangoes or ripe papayas, avocados, banana or other fruit with Vitamin A such as passion fruit, orange?	g) .....	1	2	8
	h) Any other fruits, such as pineapple, watermelon, strawberry, tomato tree, jack fruit or other fruits?	h) .....	1	2	8
	i) Fresh or dried fish or shellfish?	i) .....	1	2	8
	j) Liver, kidney, heart, or other organ meat?	j) .....	1	2	8
	k) Sausages, KFC, Jambo, hot dogs or other consumed processed meats?	k) .....	1	2	8
	l) Any other meat, such as beef, pork, lamb, goat, chicken or duck?	l) .....	1	2	8
	m) Eggs?	m) .....	1	2	8
	n) Beans, peas, lentils, or soy beans, ground nuts, sunseeds ,nuts and any other food related ?	n) .....	1	2	8
	o) Any foods made from beans, peas, lentils, or nuts?	o) .....	1	2	8
	p) Cheese or other food made from milk?	p) .....	1	2	8
	q) Any insects?	q) .....	1	2	8
	r) Chocolates, candies, pastries, cakes, biscuits, or frozen treats like ice cream and popsicles?	r) .....	1	2	8
	s) Any other commonly consumed 'sentinel' sweet foods?	s) .....	1	2	8

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
	t) Chips, crisps, puffs, French fries, fried dough, instant noodles, or pringles?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> <tr> <td>t) .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>		YES	NO	DK	t) .....	1	2	8											
	YES	NO	DK																		
t) .....	1	2	8																		
	u) Red palm oil?	<table border="0"> <tr> <td>u) .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>	u) .....	1	2	8															
u) .....	1	2	8																		
	v) Any other solid, semi-solid, or soft food? IF YES: v1) What was the food?  MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'.  IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO REGISTER THE NAME OF THE FOOD.	<table border="0"> <tr> <td>v) .....</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 colspan="4">OTHER FOOD(S) _____</td> </tr> <tr> <td colspan="4" style="text-align: center;">(SPECIFY)</td> </tr> </table>	v) .....	1	2	8	OTHER FOOD(S) _____				(SPECIFY)										
v) .....	1	2	8																		
OTHER FOOD(S) _____																					
(SPECIFY)																					
638	CHECK 637 (CATEGORIES 'a' THROUGH 'v'): NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/>		→ 640																		
639	Did {NAME IN 635} eat any solid, semi-solid, or soft foods yesterday during the day or at night?  IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did {NAME IN 635} eat?	<table border="0"> <tr> <td>YES .....</td> <td style="text-align: center;">1</td> </tr> <tr> <td colspan="2" style="text-align: center;">(GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY)</td> </tr> <tr> <td colspan="2" style="text-align: center;">(THEN CONTINUE TO 640)</td> </tr> <tr> <td>NO .....</td> <td style="text-align: center;">2</td> </tr> </table>	YES .....	1	(GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY)		(THEN CONTINUE TO 640)		NO .....	2	→ 641										
YES .....	1																				
(GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY)																					
(THEN CONTINUE TO 640)																					
NO .....	2																				
640	How many times did {NAME IN 635} eat solid, semi-solid, or soft foods yesterday during the day or at night?	<table border="0"> <tr> <td>NUMBER OF TIMES .....</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>DON'T KNOW .....</td> <td style="text-align: center;">8</td> </tr> </table>	NUMBER OF TIMES .....	<input type="text"/>	DON'T KNOW .....	8															
NUMBER OF TIMES .....	<input type="text"/>																				
DON'T KNOW .....	8																				
641	In the last 6 months, did any healthcare provider or community health worker talk with you about how or what to feed {NAME IN 635}?	<table border="0"> <tr> <td>YES .....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO .....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td style="text-align: center;">8</td> </tr> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8													
YES .....	1																				
NO .....	2																				
DON'T KNOW .....	8																				
641A	In the last month, did you participate in the monthly growth monitoring and nutrition promotion sessions conducted by the community health workers?	<table border="0"> <tr> <td>YES .....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO .....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td style="text-align: center;">8</td> </tr> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8	→ 642												
YES .....	1																				
NO .....	2																				
DON'T KNOW .....	8																				
641B	What is the main reason you did not participate in this growth monitoring and nutrition promotion session last month?	<table border="0"> <tr> <td>NOT AWARE ABOUT THESE SESSIONS .....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>DO NOT HAVE TIME TO ATTEND .....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DO NOT FIND IT RELEVANT TO ATTEND .....</td> <td style="text-align: center;">3</td> </tr> <tr> <td>SITE IS TOO FAR FOR ME TO ATTEND .....</td> <td style="text-align: center;">4</td> </tr> <tr> <td>NO MEANS TO CONTRIBUTE TO THE COOKING DEMONSTRATIO .....</td> <td style="text-align: center;">5</td> </tr> <tr> <td>MY CHILD WAS SICK .....</td> <td style="text-align: center;">6</td> </tr> <tr> <td>FAMILY EMERGENCY .....</td> <td style="text-align: center;">7</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">8</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </table>	NOT AWARE ABOUT THESE SESSIONS .....	1	DO NOT HAVE TIME TO ATTEND .....	2	DO NOT FIND IT RELEVANT TO ATTEND .....	3	SITE IS TOO FAR FOR ME TO ATTEND .....	4	NO MEANS TO CONTRIBUTE TO THE COOKING DEMONSTRATIO .....	5	MY CHILD WAS SICK .....	6	FAMILY EMERGENCY .....	7	OTHER _____	8	(SPECIFY)		
NOT AWARE ABOUT THESE SESSIONS .....	1																				
DO NOT HAVE TIME TO ATTEND .....	2																				
DO NOT FIND IT RELEVANT TO ATTEND .....	3																				
SITE IS TOO FAR FOR ME TO ATTEND .....	4																				
NO MEANS TO CONTRIBUTE TO THE COOKING DEMONSTRATIO .....	5																				
MY CHILD WAS SICK .....	6																				
FAMILY EMERGENCY .....	7																				
OTHER _____	8																				
(SPECIFY)																					
642	The last time {NAME IN 635} passed stools, what was done to dispose of the stools?	<table border="0"> <tr> <td>CHILD USED TOILET OR LATRINE .....</td> <td style="text-align: center;">01</td> </tr> <tr> <td>PUT/RINSED INTO TOILET OR LATRINE .....</td> <td style="text-align: center;">02</td> </tr> <tr> <td>PUT/RINSED INTO DRAIN OR DIT( .....</td> <td style="text-align: center;">03</td> </tr> <tr> <td>THROWN INTO GARBAGE .....</td> <td style="text-align: center;">04</td> </tr> <tr> <td>BURIED .....</td> <td style="text-align: center;">05</td> </tr> <tr> <td>LEFT IN THE OPEN .....</td> <td style="text-align: center;">06</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">96</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </table>	CHILD USED TOILET OR LATRINE .....	01	PUT/RINSED INTO TOILET OR LATRINE .....	02	PUT/RINSED INTO DRAIN OR DIT( .....	03	THROWN INTO GARBAGE .....	04	BURIED .....	05	LEFT IN THE OPEN .....	06	OTHER _____	96	(SPECIFY)				
CHILD USED TOILET OR LATRINE .....	01																				
PUT/RINSED INTO TOILET OR LATRINE .....	02																				
PUT/RINSED INTO DRAIN OR DIT( .....	03																				
THROWN INTO GARBAGE .....	04																				
BURIED .....	05																				
LEFT IN THE OPEN .....	06																				
OTHER _____	96																				
(SPECIFY)																					

## SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP	
643	<p>Now I'd like to ask you about foods and drinks that you consumed yesterday during the day or night, whether you ate or drank it at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different foods and drinks, and I would like to know whether you ate the food even if it was combined with other foods.</p> <p>Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish. Yesterday during the day or at night, did you eat or drink:</p>		YES	NO	DK	
	a) Porridge, bread, rice, noodles, pasta, or oats?	a) .....	1	2	8	
	b) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	b) .....	1	2	8	
	c) Plantains, white potatoes, white yams, manioc, cassava, or or any other foods made from roots?	c) .....	1	2	8	
	d) Any dark green, leafy vegetables, such as spinach, dodo, Imbwija, or other dark green, leafy vegetables?	d) .....	1	2	8	
	e) Any other vegetables ?	e) .....	1	2	8	
	f) Ripe mangoes or ripe papayas, avocados, banana or other fruit with Vitamin A such as passion fruit, orange?	f) .....	1	2	8	
	g) Any other fruits, such as pineapple, watermelon, strawberry, tomato tree, jack fruit or other fruits?	g) .....	1	2	8	
	h) Fresh or dried fish or shellfish?	h) .....	1	2	8	
	i) Liver, kidney, heart, or other organ meat?	i) .....	1	2	8	
	j) Sausages, KFC, Jambo, hot dogs or other 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	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	m) Beans, peas, lentils, or soy beans, ground nuts, sunseeds, nuts and any other related food?	m) . . . . . 1	2	8	
	n) Nuts, seeds or any other related food?	n) . . . . . 1	2	8	
	o) Cheese or other food made from milk?	o) . . . . . 1	2	8	
	p) Any insects?	p) . . . . . 1	2	8	
	q) Chocolates, candies, pastries, cakes, biscuits, or frozen treats like ice cream and popsicles?	q) . . . . . 1	2	8	
	r) Any other commonly consumed 'sentinel' sweet foods?	r) . . . . . 1	2	8	
	s) Chips, crisps, puffs, French fries, fried dough, instant noodles, or pringles?	s) . . . . . 1	2	8	
	t) Fruit juice or fruit-flavored drinks?	t) . . . . . 1	2	8	
	u) Sodas, malt drinks, sports drinks, or energy drinks?	u) . . . . . 1	2	8	
	u1 Shisha kibondo for mothers?	u) . . . . . 1	2	8	
	v) Sweetened tea, or sweetened herbal drinks?	v) . . . . . 1	2	8	
	w) Red palm oil?	w) . . . . . 1	2	8	
	x) Any other liquids?  IF YES: x1) What was the drink?	x) . . . . . 1	2	8	
	x2) Was the drink sweetened?	SWEETENE . . 1	2	8	
	y) Any other food? IF YES: y1) What was the food?	y) . . . . . 1	2	8	
	MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO RECORD THE NAME OF THE FOOD.	OTHER DRINK(S) _____ (SPECIFY)			
		OTHER FOOD(S) _____ (SPECIFY)			

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	→706A
702	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED..... 1 YES, LIVED WITH A MAN..... 2 NO..... 3	→ 721
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED..... 1 DIVORCED..... 2 SEPARATED..... 3	→ 714
706A	Do you have a marriage certificate or other document recognizing this (marriage/union)?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 707
706B	What document or documents do you have?  Any other document?  RECORD ALL MENTIONED.	MARRIAGE CERTIFICATE FROM A CHURCH, MOSQUE OR OTHER RELIGIOUS INSTITUTION..... A MARRIAGE CERTIFICATE FROM A CIVIL AUTHORITY..... B OTHER DOCUMENT FROM A RELIGIOUS INSTITUTION..... C OTHER DOCUMENT FROM A CIVIL AUTHORITY..... D  OTHER _____ X (SPECIFY)	→709
707	Was this marriage ever registered with the civil authority?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
709	Is your {husband/partner} living with you now or is he staying elsewhere?	LIVING WITH HER..... 1 STAYING ELSEWHERE..... 2	
710	Please tell me the name of your {husband/partner}.  RECORD THE HUSBAND'S LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____  LINE NO..... <input type="text"/> <input type="text"/>	
711	Does your {husband/partner} have other wives or does he live with other women as if married?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 714
712	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"/>  DON'T KNOW..... 98	
713	Are you the first, second, ... wife?	RANK..... <input type="text"/> <input type="text"/>  DON'T KNOW..... 98	
714	Have you been married or lived with a man only once or more than once?	ONLY ONCE..... 1 MORE THAN ONCE..... 2	

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 or 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, <input type="checkbox"/> CURRENTLY MARRIED</p> <p>YES, <input type="checkbox"/> LIVING WITH A MAN</p>	<p>NO, <input type="checkbox"/> 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><b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE</b></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>
724	<p>CHECK 232:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p>	<p>PREGNANT <input type="checkbox"/></p>	<p>→ 727</p>

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 MALE CONDOM ..... G FEMALE CONDOM ..... H EMERGENCY CONTRACEPTIC ..... I STANDARD DAYS METHOD ..... J LACTATIONAL AMENORRHEA METHOD ..... K RHYTHM METHOD ..... L WITHDRAWAL ..... M OTHER MODERN METHOD ..... X OTHER TRADITIONAL METHOD ..... Y	→ 728
727	The last time you had sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2	→ 730
728	What is the brand name of the condom used?  IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	PRUDENCE ..... 01 PLAISIR ..... 02 LOVE ..... 03 GENERIC CONDOM OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	
729	From where did you obtain the condom the last time?  PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	<b>PUBLIC SECTOR</b> REFERRAL HOSPITAL ..... 11 PROVINCIAL/DISTRICT HOSPITAL ..... 12 HEALTH CENTER ..... 13 HEALTH POST ..... 14 OUTREACH ..... 15 COMMUNITY HEALTH WORKE ..... 16 OTHER PUBLIC SECTOR ..... 17 _____ (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> POLYCLINIC ..... 21 PRIVATE CLINIC ..... 22 DISPENSARY ..... 23 PHARMACY ..... 24 FAMILY PLANNING CLIN ..... 25 OTHER PRIVATE MEDICAL SECTOR ..... 26 _____ (SPECIFY)  <b>OTHER SOURCE</b> SHOP/BAR ..... 41 CHURCH ..... 42 FRIEND/RELATIVE ..... 43 YOUTH CENTER ..... 44  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
730	What was your relationship to this person with whom you had sexual intercourse?  IF BOYFRIEND: Were you living together as if married?  IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND ..... 1 LIVE-IN PARTNER ..... 2 BOYFRIEND NOT LIVING WITH RESPONDE... 3 CASUAL ACQUAINTANCE ..... 4 CLIENT/SEX WORKER ..... 5  OTHER _____ 6 (SPECIFY)	
731	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 NO ..... 2	→ 737
731A	How old is this person?	AGE OF PARTNEF ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
732	The last time you had sexual intercourse with this second person, was a condom used?	YES ..... 1 NO ..... 2	
733	What was your relationship to this second person with whom you had sexual intercourse?  IF BOYFRIEND: Were you living together as if married?  IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND ..... 1 LIVE-IN PARTNER ..... 2 BOYFRIEND NOT LIVING WITH RESPONDE... 3 CASUAL ACQUAINTANCE ..... 4 CLIENT/SEX WORKER ..... 5  OTHER _____ 6 (SPECIFY)	
733A	How old is this person?	AGE OF PARTNEF ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
734	Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 NO ..... 2	→ 737
735	The last time you had sexual intercourse with this third person, was a condom used?	YES ..... 1 NO ..... 2	
736	What was your relationship to this third person with whom you had sexual intercourse?  IF BOYFRIEND: Were you living together as if married?  IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND ..... 1 LIVE-IN PARTNER ..... 2 BOYFRIEND NOT LIVING WITH RESPONDE... 3 CASUAL ACQUAINTANCE ..... 4 CLIENT/SEX WORKER ..... 5  OTHER _____ 6 (SPECIFY)	
736A	How old is this person?	AGE OF PARTNEF ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
736B	In total, with how many different people have you had sexual intercourse in 12 months?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN 12 MONTHS <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
736C	In the past 12 months have you had sex or been sexually involved with anyone because he gave you or told you he would give you gifts, cash, or anything else?	YES ..... 1 NO ..... 2													
736D	If you wanted to, could you get a male condom by yourself ?	YES ..... 1 NO ..... 2 DON'T KNOW MALE CONDOM ..... 3 DON'T KNOW/UNSURE ..... 8													
737	In total, with how many different people have you had sexual intercourse in your lifetime?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98													
738	PRESENCE OF OTHERS DURING THIS SECTION.	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>CHILDREN &lt;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													



SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
810	<p>CHECK 208 AND 804:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; padding: 5px;"> <p>HAS HAD A CHILD AND WANTS TO HAVE ANOTHER CHILD <input type="checkbox"/></p> <p>a) You have said that you do not want another child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> </td> <td style="width: 50%; padding: 5px;"> <p>HAS HAD A CHILD AND WANTS NO MORE <input type="checkbox"/></p> <p>b) You have said that you do not want any more children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> </td> </tr> <tr> <td style="border-top: 1px dashed black; border-right: 1px dashed black; padding: 5px;"> <p>HAS NOT HAD A CHILD AND WANTS TO HAVE A CHILD <input type="checkbox"/></p> <p>c) You have said that you do not want a child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> </td> <td style="border-top: 1px dashed black; padding: 5px;"> <p>HAS NOT HAD A CHILD AND WANTS NO CHILDREN <input type="checkbox"/></p> <p>d) You have said that you do not want any children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> </td> </tr> </table>	<p>HAS HAD A CHILD AND WANTS TO HAVE ANOTHER CHILD <input type="checkbox"/></p> <p>a) You have said that you do not want another child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>HAS HAD A CHILD AND WANTS NO MORE <input type="checkbox"/></p> <p>b) You have said that you do not want any more children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>HAS NOT HAD A CHILD AND WANTS TO HAVE A CHILD <input type="checkbox"/></p> <p>c) You have said that you do not want a child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>HAS NOT HAD A CHILD AND WANTS NO CHILDREN <input type="checkbox"/></p> <p>d) You have said that you do not want any children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED ..... A</p> <p><b>FERTILITY-RELATED REASONS</b></p> <p>NOT HAVING SEX ..... B</p> <p>INFREQUENT SEX ..... C</p> <p>MENOPAUSAL/HYSTERECTOMY ..... D</p> <p>CAN'T GET PREGNANT ..... E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH ..... F</p> <p>BREASTFEEDING ..... G</p> <p>UP TO GOD/FATALISTIC ..... H</p> <p><b>OPPOSITION TO USE</b></p> <p>RESPONDENT OPPOSE ..... I</p> <p>HUSBAND/PARTNER OPPOSE ..... J</p> <p>OTHERS OPPOSED ..... K</p> <p>RELIGIOUS PROHIBITION ..... L</p> <p><b>LACK OF KNOWLEDGE</b></p> <p>KNOWS NO METHOD ..... M</p> <p>KNOWS NO SOURCE ..... N</p> <p><b>METHOD-RELATED REASONS</b></p> <p>INCONVENIENT TO USE ..... O</p> <p>CHANGES IN MENSTRUAL BLEEDING ..... P</p> <p>METHODS COULD CAUSE INFERTILITY ..... Q</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... R</p> <p>OTHER SIDE EFFECTS ..... S</p> <p><b>COST/ACCESS/AVAILABILITY</b></p> <p>LACK OF ACCESS/TOO FAR ..... T</p> <p>COSTS TOO MUCH ..... U</p> <p>PREFERRED METHOD NOT AVAILABLE ..... V</p> <p>NO METHOD AVAILABLE ..... W</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
<p>HAS HAD A CHILD AND WANTS TO HAVE ANOTHER CHILD <input type="checkbox"/></p> <p>a) You have said that you do not want another child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>HAS HAD A CHILD AND WANTS NO MORE <input type="checkbox"/></p> <p>b) You have said that you do not want any more children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>						
<p>HAS NOT HAD A CHILD AND WANTS TO HAVE A CHILD <input type="checkbox"/></p> <p>c) You have said that you do not want a child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>HAS NOT HAD A CHILD AND WANTS NO CHILDREN <input type="checkbox"/></p> <p>d) You have said that you do not want any children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>						
811	<p>CHECK 307: USING A CONTRACEPTIVE METHOD?</p> <p style="text-align: center;">NOT <input type="checkbox"/> ASKED ↓</p> <p style="text-align: center;">YES, <input type="checkbox"/> CURRENTLY USING → 813</p>						
812	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>					
813	<p>CHECK 224:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; padding: 5px;"> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC</p> </td> <td style="width: 50%; padding: 5px;"> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p> </td> </tr> </table>	<p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC</p>	<p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE ..... 00 → 815</p> <p>NUMBER ..... <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p> <p>OTHER _____ 96 → 815 (SPECIFY)</p>			
<p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC</p>	<p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>						
814	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<p style="text-align: center;">BOYS      GIRLS      EITHER</p> <p>NUMBER . <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>					

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? i) Heard anything about family planning at Health facility ? j) Heard anything about family planning Through Community Health Worker ? k) Heard anything about family planning at School? l) Heard anything about family planning at Churches/Mosque? m) Heard anything about family planning at workplace/Relative/Friend?	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right">YES</td> <td style="text-align:right">NO</td> </tr> <tr> <td>a) RADIO .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>b) TELEVISION .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZIN .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>d) MOBILE PHONI .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>e) FACEBOOK/TWITTER/INSTAGRAM</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>f) POSTER/LEAFLET/BROCHURE .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>g) OUTDOOR SIGN/BILLBOAR .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>h) COMMUNITY MEETINGS/EVEN .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>i) HEALTH FACILITY .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>j) COMMUNITY HEALTH WORKER ..</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>k) SCHOOL .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>l) CHURCHES AND MOSQUE! .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>m) WORK/RELATIVE/FRIEND .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> </table>		YES	NO	a) RADIO .....	1	2	b) TELEVISION .....	1	2	c) NEWSPAPER OR MAGAZIN .....	1	2	d) MOBILE PHONI .....	1	2	e) FACEBOOK/TWITTER/INSTAGRAM	1	2	f) POSTER/LEAFLET/BROCHURE .....	1	2	g) OUTDOOR SIGN/BILLBOAR .....	1	2	h) COMMUNITY MEETINGS/EVEN .....	1	2	i) HEALTH FACILITY .....	1	2	j) COMMUNITY HEALTH WORKER ..	1	2	k) SCHOOL .....	1	2	l) CHURCHES AND MOSQUE! .....	1	2	m) WORK/RELATIVE/FRIEND .....	1	2	
	YES	NO																																											
a) RADIO .....	1	2																																											
b) TELEVISION .....	1	2																																											
c) NEWSPAPER OR MAGAZIN .....	1	2																																											
d) MOBILE PHONI .....	1	2																																											
e) FACEBOOK/TWITTER/INSTAGRAM	1	2																																											
f) POSTER/LEAFLET/BROCHURE .....	1	2																																											
g) OUTDOOR SIGN/BILLBOAR .....	1	2																																											
h) COMMUNITY MEETINGS/EVEN .....	1	2																																											
i) HEALTH FACILITY .....	1	2																																											
j) COMMUNITY HEALTH WORKER ..	1	2																																											
k) SCHOOL .....	1	2																																											
l) CHURCHES AND MOSQUE! .....	1	2																																											
m) WORK/RELATIVE/FRIEND .....	1	2																																											
817	CHECK 701: <table style="width:100%; border:none;"> <tr> <td style="text-align:center">YES, <input type="checkbox"/> CURRENTLY MARRIED ↓</td> <td style="text-align:center">YES, <input type="checkbox"/> LIVING WITH A MAN ↓</td> <td style="text-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 style="width:100%; border:none;"> <tr> <td>RESPONDENT .....</td> <td style="text-align:right">1</td> </tr> <tr> <td>HUSBAND/PARTNER .....</td> <td style="text-align:right">2</td> </tr> <tr> <td>RESPONDENT AND HUSBAND/PARTNER JOIN</td> <td style="text-align:right">3</td> </tr> <tr> <td>SOMEONE ELSE .....</td> <td style="text-align:right">4</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align:right">6</td> </tr> <tr> <td colspan="2" style="text-align:center">(SPECIFY)</td> </tr> </table>	RESPONDENT .....	1	HUSBAND/PARTNER .....	2	RESPONDENT AND HUSBAND/PARTNER JOIN	3	SOMEONE ELSE .....	4	OTHER _____	6	(SPECIFY)		820 820																														
RESPONDENT .....	1																																												
HUSBAND/PARTNER .....	2																																												
RESPONDENT AND HUSBAND/PARTNER JOIN	3																																												
SOMEONE ELSE .....	4																																												
OTHER _____	6																																												
(SPECIFY)																																													
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/partner)'s opinion?	<table style="width:100%; border:none;"> <tr> <td>MORE IMPORTANT .....</td> <td style="text-align:right">1</td> </tr> <tr> <td>EQUALLY IMPORTANT .....</td> <td style="text-align:right">2</td> </tr> <tr> <td>LESS IMPORTANT .....</td> <td style="text-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 force or pressure you to become pregnant when you did not want to become	<table style="width:100%; border:none;"> <tr> <td>YES .....</td> <td style="text-align:right">1</td> </tr> <tr> <td>NO .....</td> <td style="text-align:right">2</td> </tr> </table>	YES .....	1	NO .....	2																																							
YES .....	1																																												
NO .....	2																																												
821	CHECK 307: <table style="width:100%; border:none;"> <tr> <td style="text-align:center">NOT ASKED <input type="checkbox"/> ↓</td> <td style="text-align:center">NEITHER ARE <input type="checkbox"/> STERILIZED ↓</td> <td style="text-align:center">HE OR SHE ARE <input type="checkbox"/> STERILIZED →</td> </tr> </table>	NOT ASKED <input type="checkbox"/> ↓	NEITHER ARE <input type="checkbox"/> STERILIZED ↓	HE OR SHE ARE <input type="checkbox"/> STERILIZED →		901																																							
NOT ASKED <input type="checkbox"/> ↓	NEITHER ARE <input type="checkbox"/> STERILIZED ↓	HE OR SHE ARE <input type="checkbox"/> STERILIZED →																																											
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 style="width:100%; border:none;"> <tr> <td>SAME NUMBEF .....</td> <td style="text-align:right">1</td> </tr> <tr> <td>MORE CHILDREN .....</td> <td style="text-align:right">2</td> </tr> <tr> <td>FEWER CHILDREN .....</td> <td style="text-align:right">3</td> </tr> <tr> <td>DON'T KNOW .....</td> <td style="text-align:right">8</td> </tr> </table>	SAME NUMBEF .....	1	MORE CHILDREN .....	2	FEWER CHILDREN .....	3	DON'T KNOW .....	8																																			
SAME NUMBEF .....	1																																												
MORE CHILDREN .....	2																																												
FEWER CHILDREN .....	3																																												
DON'T KNOW .....	8																																												

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 UNION <input type="checkbox"/>	→ 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	→ 917
904	What was the highest level of education he attended: primary, secondary, or higher?	PRE-PRIMARY ..... 1 PRIMARY ..... 2 POST PRIMARY/VOCATION ..... 3 SECONDARY/TVE ..... 4 HIGHER ..... 5 DON'T KNOW ..... 8	→ 917
905	What is the highest grade you completed at that level?  IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	YEAR ..... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	
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 NO EARNINGS ..... 4  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 EARNING ..... 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 EARNING ..... 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	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
924	Who usually makes decisions about visits to your family or relatives?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOIN 3 SOMEONE ELSE ..... 4 OTHER ..... 6																																	
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY ..... 01 JOINTLY WITH HUSBAND/PARTNER ON .... 02 JOINTLY WITH SOMEONE ELSE ONLY .... 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE ..... 04 BOTH ALONE AND JOINTLY..... 05 DOES NOT OWN ..... 06	→ 928																																
926	Do you have a title deed or other government recognized document for any house you own?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 928																																
927	Is your name on this document?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																																	
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY ..... 01 JOINTLY WITH HUSBAND/PARTNER ON .... 02 JOINTLY WITH SOMEONE ELSE ONLY .... 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE ..... 04 BOTH ALONE AND JOINTLY..... 05 DOES NOT OWN ..... 06	→ 930A																																
929	Do you have a title deed or other government recognized document for any land you own?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 930A																																
930	Is your name on this document?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																																	
930A	Do you have an account in a bank or other financial institution that you yourself use?	YES ..... 1 NO ..... 2	→ 930C																																
930B	Did you yourself put money in or take money out of this account in the last 12 months?	YES ..... 1 NO ..... 2																																	
930C	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES ..... 1 NO ..... 2																																	
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="1"> <thead> <tr> <th></th> <th>PRES./ PRES./ LISTEN.</th> <th>NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN &lt; 10.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		PRES./ PRES./ LISTEN.	NOT LISTEN.	NOT PRES.	CHILDREN < 10.....	1	2	3	HUSBAND .....	1	2	3	OTHER MALES.....	1	2	3	OTHER FEMALES .....	1	2	3													
	PRES./ PRES./ LISTEN.	NOT LISTEN.	NOT PRES.																																
CHILDREN < 10.....	1	2	3																																
HUSBAND .....	1	2	3																																
OTHER MALES.....	1	2	3																																
OTHER FEMALES .....	1	2	3																																
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations:	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) If she goes out without telling him?</td> <td>a) GOES OUT ..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) If she neglects the children?</td> <td>b) NEGLECTS CHILDRE .. 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) If she argues with him?</td> <td>c) ARGUES..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) If she refuses to have sex with him?</td> <td>d) REFUSES SEX ..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) If she burns the food?</td> <td>e) BURNS FOOD ..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) If she has sex with someone else?</td> <td>e) HAS SEX WITH SOMEON 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) If she looks in his telephone?</td> <td>e) LOOKS IN HIS TELEPHO 1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) If she goes out without telling him?	a) GOES OUT ..... 1	2	8	b) If she neglects the children?	b) NEGLECTS CHILDRE .. 1	2	8	c) If she argues with him?	c) ARGUES..... 1	2	8	d) If she refuses to have sex with him?	d) REFUSES SEX ..... 1	2	8	e) If she burns the food?	e) BURNS FOOD ..... 1	2	8	f) If she has sex with someone else?	e) HAS SEX WITH SOMEON 1	2	8	g) If she looks in his telephone?	e) LOOKS IN HIS TELEPHO 1	2	8	
	YES	NO	DK																																
a) If she goes out without telling him?	a) GOES OUT ..... 1	2	8																																
b) If she neglects the children?	b) NEGLECTS CHILDRE .. 1	2	8																																
c) If she argues with him?	c) ARGUES..... 1	2	8																																
d) If she refuses to have sex with him?	d) REFUSES SEX ..... 1	2	8																																
e) If she burns the food?	e) BURNS FOOD ..... 1	2	8																																
f) If she has sex with someone else?	e) HAS SEX WITH SOMEON 1	2	8																																
g) If she looks in his telephone?	e) LOOKS IN HIS TELEPHO 1	2	8																																

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1000	Now I would like to talk about HIV and AIDS.																		
1001	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																	
1007A	Can men reduce their chance of getting the AIDS virus by getting circumcised?	YES ..... 1 NO ..... 2																	
1007B	Can HIV be transmitted from a mother to her baby: b1 During pregnancy? b2 During delivery? b3 By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>b1 DURING PREGNANCY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b2 DURING DELIVERY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b3 BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	b1 DURING PREGNANCY	1	2	8	b2 DURING DELIVERY	1	2	8	b3 BREASTFEEDING	1	2	8	
	YES	NO	DK																
b1 DURING PREGNANCY	1	2	8																
b2 DURING DELIVERY	1	2	8																
b3 BREASTFEEDING	1	2	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	Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?	YES ..... 1 NO ..... 2	→ 1012																
1011	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	CHECK 220 AND 223:  NO LIVE BIRTHS <input type="checkbox"/> → 1024  LAST LIVE BIRTH 0-23 MONTHS BEFORE THE <input type="checkbox"/> ↓ LAST LIVE BIRTH 24 MONTHS OR MORE BEFORE THE SURVEY <input type="checkbox"/> → 1024																		
1013	CHECK 412 FOR LAST LIVE BIRTH ("TYPE 1"):  HAD ANTENATAL CARE <input type="checkbox"/> ↓ NO ANTENATAL CARE <input type="checkbox"/> → 1018																		

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1014	<b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>		
1015	Were you tested for HIV as part of your antenatal care while you were pregnant with {CHILD NAME}?	YES ..... 1 NO ..... 2	→ 1018
1016	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.	<b>PUBLIC SECTOR</b> REFERRAL HOSPITAL ..... 11 PROVINCIAL/DISTRICT HOSPITAL ..... 12 HEALTH CENTER ..... 13 HEALTH POST ..... 14 OUTREACH/CHW ..... 15 OTHER PUBLIC SECTOR ..... 16 _____ (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> POLYCLINIC HOSPITAL ..... 21 PRIVATE CLINIC ..... 22 PHARMACY ..... 23 DISPENSARY ..... 24 FAMILY PLANING CLINIC ..... 25 MOBILE HTC SERVICES ..... 26 OTHER PRIVATE MEDICAL SECTOR ..... 27 _____ (SPECIFY)  <b>OTHER SOURCE</b> HOME ..... 41 WORKPLACE ..... 42 CORRECTIONAL FACILITY ..... 43 YOUTH CENTE ..... 44 OTHER ..... 96 _____ (SPECIFY)	
1017	Did you get the results of the test?	YES ..... 1 NO ..... 2	
1018	CHECK 435 FOR LAST LIVE BIRTH ('TYPE 1'):  ANY CODE <input type="checkbox"/> '21-46' CIRCLED OTHER <input type="checkbox"/>		→ 1021
1019	Between the time you went for delivery but before the baby was born, were you tested for HIV?	YES ..... 1 NO ..... 2	→ 1021
1020	Did you get the results of the test?	YES ..... 1 NO ..... 2	→ 1022
1021	CHECK 1015:  YES <input type="checkbox"/> NO OR NOT ASKED <input type="checkbox"/>		→ 1024
1022	Have you been tested for HIV since that time you were tested during your pregnancy?	YES ..... 1 NO ..... 2	→ 1025
1023	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

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	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.	<b>PUBLIC SECTOR</b> REFERRAL HOSPITAL ..... 11 PROVINCIAL/DISTRICT HOSPITAL ..... 12 HEALTH POST ..... 13 HEALTH POST ..... 14 OUTREACH ..... 15 OTHER PUBLIC SECTOR ..... 16  _____ (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> POLYCLINIC HOSPITAL ..... 21 PRIVATE CLINIC ..... 22 PHARMACY ..... 23 DISPENSARY ..... 24 FAMILY PLANING CLINIC ..... 25 MOBILE HTC SERVICES ..... 26 OTHER PRIVATE MEDICAL SECTOR ..... 27  _____ (SPECIFY)  <b>OTHER SOURCE</b> HOME ..... 41 WORKPLACE ..... 42 CORRECTIONAL FACILITY ..... 43 YOUTH CENTER ..... 44 OTHER ..... 96  _____ (SPECIFY)	
1027	Did you get the results of the test?	YES ..... 1 NO ..... 2	→ 1031
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	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
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	CHECK 1028:  CODE '1' <input type="checkbox"/> CIRCLED ↓	OTHER <input type="checkbox"/> → 1040																			
1037	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	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV	AGREE ..... 1 DISAGREE ..... 2																			
1039	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:  a) People have talked badly about me because of my HIV status. b) Someone else disclosed my HIV status without my permission. c) I have been verbally insulted, harassed, or threatened because of my HIV status. d) Healthcare workers talked badly about me because of my HIV status. e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> </tr> </thead> <tbody> <tr> <td>a) PEOPLE TALK BADLY .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) DISCLOSED STATUS .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) VERBALLY INSULTED .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) HEALTHCARE WORKERS TALKED BADLY .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>e) HEALTHCARE WORKERS VERBALLY ABUSED .....</td> <td align="center">1</td> <td align="center">2</td> </tr> </tbody> </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																			
b) DISCLOSED STATUS .....	1	2																			
c) VERBALLY INSULTED .....	1	2																			
d) HEALTHCARE WORKERS TALKED BADLY .....	1	2																			
e) HEALTHCARE WORKERS VERBALLY ABUSED .....	1	2																			
1040	CHECK 1001:  HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓      NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?      b) Have you heard about infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2																			
1041	CHECK 722:  HAS HAD SEXUAL <input type="checkbox"/> INTERCOURSE ↓      NEVER HAD SEXUAL <input type="checkbox"/> INTERCOURSE → 1046																				
1042	CHECK 1040: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?  YES <input type="checkbox"/> ↓      NO <input type="checkbox"/> → 1044																				

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1043	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1044	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1045	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1046	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1047	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1048	CHECK 701:  CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	→ 1101
1049	Can you say no to your {husband/partner} if you do not want to have sexual intercourse?	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 8	
1050	Could you ask your {husband/partner} to use a condom if you wanted him to?	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 8	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	How long does it take in minutes to go from your home to the nearest healthcare facility, which could be a hospital, a health center, a health post, or a dispensary?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/>	
1101A	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?  IF YES: How many injections have you had?  IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTION ..... <input type="text"/> <input type="text"/>  NONE ..... 00	→ 1102
1101B	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?  IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTION ..... <input type="text"/> <input type="text"/>  NONE ..... 00	→ 1102
1101C	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1102	How do you travel to this healthcare facility from your home?  IF MORE THAN ONE WAY OF TRAVEL IS MENTIONED, RECORD THE ONE HIGHEST ON THE LIST.	<b>MOTORIZED</b> CAR/TRUCK ..... 01 PUBLIC BUS ..... 02 MOTORCYCLE/SCOOTER ..... 03 BOAT WITH MOTOR ..... 04  <b>NOT MOTORIZED</b> 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	
1103A	Have you ever heard of an illness called tuberculosis or TB?	YES ..... 1 NO ..... 2	→ 1106
1103B	How does tuberculosis spread from one person to another?  Any other ways?  RECORD ALL MENTIONED.	THROUGH THE AIR WHEN SOMEONE WITH TB COUGHING ,SNEEZING OR SPEAKING .. A BY SHARING UTENSILS ..... B BY TOUCHING A PERSON WITH TB ..... C THROUGH SHARING FOOD AND DRINK .... D THROUGH SEXUAL CONTACT ..... E THROUGH MOSQUITO BITES ..... F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	



SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1103B7	Where did you seek care or help?	<p><b>PUBLIC SECTOR</b></p> <p>REFERRAL HOSPITAL ..... 11</p> <p>PROVINCIAL/DISTRICT HOSPITAL .... 12</p> <p>HEALTH CENTER ..... 13</p> <p>HEALTH POST ..... 14</p> <p>OUTREACH ..... 15</p> <p>COMMUNITY HEALTH WORKER ..... 16</p> <p>OTHER PUBLIC SECTOR ..... 17</p> <p>_____</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>POLYCLINIC ..... 21</p> <p>PRIVATE CLINIC ..... 22</p> <p>DISPENSARY ..... 23</p> <p>PHARMACY ..... 24</p> <p>FAMILY PLANNING CLINIC ..... 25</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 26</p> <p>_____</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP/BAR/ KIOSK CONDOM ..... 31</p> <p>CHURCH ..... 32</p> <p>FRIEND/RELATIVE ..... 33</p> <p>YOUTH CENTER ..... 34</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
1103C	Can tuberculosis be cured?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 1103E
1103D	<p>What is the duration of treatment of TB now a days?</p> <p>IF MORE THAN 7 MONTHS, RECORD 7.</p>	<p>MONTHS ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>	
1103E	Have you ever been told by a doctor or nurse or LHV that you have/had tuberculosis?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
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?	<p>EVERY DAY ..... 1</p> <p>SOME DAYS ..... 2</p> <p>NOT AT ALL ..... 3</p>	→ 1108
1107	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES ..... <input type="text"/>	
1108	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	<p>EVERY DAY ..... 1</p> <p>SOME DAYS ..... 2</p> <p>NOT AT ALL ..... 3</p>	→ 1110
1109	<p>What other type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>KRETEKS ..... A</p> <p>PIPES FULL OF TOBACCO ..... B</p> <p>CIGARS, CHERROOTS, OR CIGARILLOS .... C</p> <p>WATER PIPE/SHISHA ..... D</p> <p>SNUFF BY MOUTH ..... E</p> <p>SNUFF BY NOSE ..... F</p> <p>CHEWING TOBACCO ..... G</p> <p>BETEL QUID WITH TOBACCO ..... H</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1110	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as Sorghum beer, Banana beer,wine, Industrial beer,sprirts?	YES ..... 1 NO ..... 2	→ 1113															
1111	During the last one month, on how many days did you have an alcoholic drink?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.	DID NOT DRINK ALCOHOL ..... 00  NUMBER OF DAYS ..... <input type="text"/> <input type="text"/>  EVERY DAY/ALMOST EVERY DAY ..... 95	→ 1113															
1111A	During these days, what main type of alchool drink did you take?  IF HE/SHE TOOK DIFFERENT TYPE ,RECORD WHAT HE/SHE TOOK OFTEN	TRADITIONAL BEER ..... 1 INDUSTRIAL BEER ..... 2 WINE/LIQUOR ..... 3 SPIRIT ..... 4																
1112	We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one cup of Sorghum beer. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?  SHOW PICTURES OF SIZES OF STANDARD DRINKS.	LESS THAN ONE STANDARD DRINK ..... 00  NUMBER OF DRINKS ..... <input type="text"/> <input type="text"/>																
1113	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem:  a) Getting permission to go to the doctor? b) Getting money needed for advice or treatment? c) The distance to the health facility? d) Not wanting to go alone?	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">BIG PROBLEM</th> <th style="text-align: center;">NOT A BIG PROBLEM</th> </tr> </thead> <tbody> <tr> <td>a) PERMISSION TO GO ....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) GETTING MONEY .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) DISTANCE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) GO ALONE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </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	
	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																
1114	Are you covered by any health insurance?	YES ..... 1 NO ..... 2	→ NEXT															
1115	What type of health insurance are you covered by?  RECORD ALL MENTIONED.	MUTUELLE/COMMUNITY HEALTH INSURANCE A RSSB/RAMA ..... B MMI ..... C PRIVATE INSURANCE COMPANY ..... D EMPLOYER ..... E  OTHER _____ X (SPECIFY)																

CERVICAL CANCER SCREENING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
CD24	Have you heard of cervical cancer?	YES ..... 1 NO ..... 2	→ CD26
CD25	Have you heard of any test for cervical cancer?	YES ..... 1 NO ..... 2	
CD26	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.		
CD27	Has a doctor or other healthcare worker ever tested you for cervical cancer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ NEXT SECT.
CD28	When was your last test for cervical cancer?  IF LESS THAN 1 YEAR, RECORD '00'.	YEARS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
CD29	What was the result of your last test for cervical cancer?	NORMAL/NEGATIVE ..... 1 ABNORMAL/POSITIVE ..... 2 SUSPECT CANCER ..... 3 UNCLEAR/INCONCLUSIVE ..... 4 DID NOT RECEIVE RESULTS ..... 5 DON'T KNOW ..... 8	→ NEXT SECT. → CD33 → NEXT SECT.
CD30	Did you receive any treatment to your cervix?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ CD33
CD31	Did you receive treatment on the same day you received your test results, or on a different day?	SAME DAY ..... 1 DIFFERENT DAY ..... 2 DON'T KNOW ..... 8	
CD32	Did you have any follow up visits after your treatment?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ NEXT SECT.
CD33	Did have any follow up visits because of your test results?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	



EARLY CHILDHOOD DEVELOPMENT INDEX MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ECD09	<p>CHECK ECDC:</p> <p align="center"> <span style="margin-right: 100px;">MALE <input type="checkbox"/></span> <span>FEMALE <input type="checkbox"/></span> </p> <p> <span style="margin-right: 100px;">↓</span> <span>↓</span> </p> <p>a) If you show {ECD CHILD NAME} an object he knows well, such as a cup or animal, can he consistently name it?</p> <p>b) If you show {ECD CHILD NAME} an object she knows well, such as a cup or animal, can she consistently name it?</p> <p>By consistently, we mean that he uses the same word to refer to the same object, even if the word used is not fully correct.</p> <p>By consistently, we mean that she uses the same word to refer to the same object, even if the word used is not fully correct.</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
ECD10	<p>Can {ECD CHILD NAME} recognize at least 5 letters of the alphabet?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
ECD11	<p>CHECK ECDC:</p> <p align="center"> <span style="margin-right: 100px;">MALE <input type="checkbox"/></span> <span>FEMALE <input type="checkbox"/></span> </p> <p> <span style="margin-right: 100px;">↓</span> <span>↓</span> </p> <p>a) Can {ECD CHILD NAME} write his name?</p> <p>b) Can {ECD CHILD NAME} write her name?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
ECD12	<p>Can {ECD CHILD NAME} recognize all numbers from 1 to 5?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
ECD13	<p>CHECK ECDC:</p> <p align="center"> <span style="margin-right: 100px;">MALE <input type="checkbox"/></span> <span>FEMALE <input type="checkbox"/></span> </p> <p> <span style="margin-right: 100px;">↓</span> <span>↓</span> </p> <p>a) If you ask {ECD CHILD NAME} to give you 3 objects, such as 3 stones or 3 beans, does he give you the correct amount?</p> <p>b) If you ask {ECD CHILD NAME} to give you 3 objects, such as 3 stones or 3 beans, does she give you the correct amount?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
ECD14	<p>Can {ECD CHILD NAME} count 10 objects, for example, 10 fingers or 10 blocks, without mistakes?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
ECD15	<p>Can {ECD CHILD NAME} do an activity, such as coloring or playing with building blocks, without repeatedly asking for help or giving up too quickly?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
ECD16	<p>Does {ECD CHILD NAME} ask about familiar people other than parents when they are not there, for example, "Where is Grandma?"?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	

EARLY CHILDHOOD DEVELOPMENT INDEX MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ECD17	Does {ECD CHILD NAME} offer to help someone who seems to need help?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
ECD18	Does {ECD CHILD NAME} get along well with other children?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
ECD19	How often does {ECD CHILD NAME} seem to be very sad or depressed? Would you say: daily, weekly, monthly, a few times a year, or never?	DAILY ..... 1 WEEKLY ..... 2 MONTHLY ..... 3 A FEW TIMES A YEAF ..... 4 NEVER ..... 5 DON'T KNOW ..... 8	
ECD20	Compared with other children of the same age, how much does {ECD CHILD NAME} kick, bite, or hit other children or adults? Would you say: not at all, the same or less, more, or a lot more?	NOT AT ALL ..... 1 THE SAME OR LESS ..... 2 MORE ..... 3 A LOT MORI ..... 4 DON'T KNOW ..... 8	
ECD20A	Does {ECD CHILD NAME} participate in any center-based or home-based ECD program	YES CENTER-BASED ECD ..... 1 YES HOME-BASED ECD ..... 2 NO ..... 4 DON'T KNOW ..... 8	
ECD21	CHECK 220, 224, 225 AND 226 IN PREGNANCY HISTORY: ANY MORE CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT?  MORE CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH <input type="checkbox"/>  (GO TO ECDC FOR THE NEXT CHILD) ←	NO MORE <input type="checkbox"/> →	NEXT SEC.



SECTION MM. ADULT AND MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
MM01	<p>Now I would like to ask you some questions about your brothers and sisters born to your biological mother, including those who are living with you, those living elsewhere and those who have died. From our experience in prior surveys, we know it may sometimes be difficult to establish a complete list of all the children born to your biological mother. We will work together to draw the most complete list and work to recall all your siblings. Could you please now give me the names of all of your brothers and sisters born to your biological mother.</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">NAME</th> <th style="width: 15%;">ORDER NUMBER</th> <th style="width: 25%;">NAME</th> <th style="width: 35%;">ORDER NUMBER</th> </tr> </thead> <tbody> <tr> <td>a _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td>k _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>b _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td>l _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>c _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td>m _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>d _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td>n _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>e _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td>o _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>f _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td>p _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>g _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td>q _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>h _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td>r _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>i _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td>s _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>j _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td>t _____</td> <td align="center"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> </tbody> </table>	NAME	ORDER NUMBER	NAME	ORDER NUMBER	a _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	k _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	b _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	l _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	c _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	m _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	d _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	n _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	e _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	o _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	f _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	p _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	g _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	q _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	h _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	r _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	i _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	s _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	j _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	t _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		
NAME	ORDER NUMBER	NAME	ORDER NUMBER																																												
a _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	k _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																																												
b _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	l _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																																												
c _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	m _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																																												
d _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	n _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																																												
e _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	o _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																																												
f _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	p _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																																												
g _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	q _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																																												
h _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	r _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																																												
i _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	s _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																																												
j _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	t _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																																												
MM02	<p>CHECK MM01:</p> <p>ONE OR MORE BROTHERS OR SISTERS LISTED <input type="checkbox"/></p> <p>NO BROTHERS OR SISTERS LISTED <input type="checkbox"/></p>	<p>_____ → MM04</p>	MM04																																												
MM03	<p>READ THE NAMES OF THE BROTHERS AND SISTERS TO THE RESPONDENT AND AFTER THE LAST ONE ASK:</p> <p>Are there any other brothers and sisters from the same mother that you have not mentioned?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>	<p>LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p>																																													
MM04	<p>Sometimes people forget to mention children born to their biological mother because they do not live with them or they do not see them very often. Are there any brothers or sisters who do not live with you that you have not mentioned?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>	<p>LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p>																																													
MM05	<p>Sometimes people forget to mention children born to their biological mother because they have died. Are there any brothers or sisters who died that you have not mentioned?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>	<p>LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p>																																													
MM06	<p>Some people have brothers or sisters from the same mother but a different father. Are there any brothers or sisters born to your biological mother, but who have a different natural father, that you have not mentioned?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>	<p>LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p>																																													
MM07	<p>COUNT THE NUMBER OF BROTHERS AND SISTERS RECORDED IN MM01.</p>	<p>TOTAL BROTHERS AND SISTERS . . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>																																													

SECTION MM. ADULT AND MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
MM08	<p>CHECK MM07:</p> <p>Just to make sure that I have this right: Your mother had in total {NUMBER OF BIRTHS TO MOTHER} births, excluding you, during her lifetime. Is that correct?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="margin-left: 100px;">↓</p> <p style="margin-left: 200px;">→ PROBE AND CORRECT MM01 AND/OR MM07.</p>		
MM09	<p>CHECK MM07:</p> <p>ONE OR MORE BROTHERS/SISTERS <input type="checkbox"/></p> <p style="margin-left: 100px;">↓</p> <p>BROTHER OR SISTER NO <input type="checkbox"/></p> <p style="margin-left: 200px;">→</p>		NEXT SECT.
MM10	<p>Please tell me, which brother or sister was born first? And which was born next?</p> <p>RECORD '01' FOR THE ORDER NUMBER IN MM01 FOR THE FIRST BROTHER OR SISTER, '02' FOR THE SECOND, AND SO ON UNTIL YOU HAVE RECORDED THE ORDER NUMBER FOR ALL BROTHERS AND SISTERS.</p>		
MM11	<p>How many births did your mother have before you were born?</p>	<p>NUMBER OF PRECEDING BIRTHS . . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>	

SECTION MM. ADULT AND MATERNAL MORTALITY MODULE

MM12	LIST THE BROTHERS AND SISTERS ACCORDING TO THE ORDER NUMBER IN MM01. ASK MM13 TO MM24 FOR ONE BROTHER OR SISTER BEFORE ASKING ABOUT THE NEXT BROTHER OR SISTER.			
MM13	Sibling name	(01)	(02)	(03)
MM14	Is {NAME IN MM13} male or female?	MALE ..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE ..... 2
MM15	Is {NAME IN MM13} still alive?	YES ..... 1 NO ..... 2 GO TO MM17 ← DK ..... 8 GO TO (02) ←	YES ..... 1 NO ..... 2 GO TO MM17 ← DK ..... 8 GO TO (03) ←	YES ..... 1 NO ..... 2 GO TO MM17 ← DK ..... 8 GO TO (04) ←
MM16	How old is {NAME IN MM13}?	AGE .... <input type="text"/> <input type="text"/> GO TO (02)	AGE .... <input type="text"/> <input type="text"/> GO TO (03)	AGE .... <input type="text"/> <input type="text"/> GO TO (04)
MM17	How many years ago did {NAME IN MM13} die?	YEARS AGO .. <input type="text"/> <input type="text"/>	YEARS AGO .. <input type="text"/> <input type="text"/>	YEARS AGO .. <input type="text"/> <input type="text"/>
MM18	<p>IF MALE <input type="checkbox"/> IF FEMALE <input type="checkbox"/></p> <p>a) How old was {NAME IN MM13} when he died? b) How old was {NAME IN MM13} when she died?</p> <p>IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.</p>	<p>AGE .... <input type="text"/><input type="text"/></p> <p>IF MALE, OR WOMAN DIED BEFORE 12 YEARS OF AGE, GO TO MM23</p>	<p>AGE .... <input type="text"/><input type="text"/></p> <p>IF MALE, OR WOMAN DIED BEFORE 12 YEARS OF AGE, GO TO MM23</p>	<p>AGE .... <input type="text"/><input type="text"/></p> <p>IF MALE, OR WOMAN DIED BEFORE 12 YEARS OF AGE, GO TO MM23</p>
MM19	Was {NAME IN MM13} pregnant when she died?	YES ..... 1 GO TO MM23 ← NO ..... 2	YES ..... 1 GO TO MM23 ← NO ..... 2	YES ..... 1 GO TO MM23 ← NO ..... 2
MM20	Did {NAME IN MM13} die during childbirth?	YES ..... 1 GO TO (02) ← NO ..... 2	YES ..... 1 GO TO (03) ← NO ..... 2	YES ..... 1 GO TO (04) ← NO ..... 2
MM21	Did {NAME IN MM13} die within two months after the end of a pregnancy or childbirth?	YES ..... 1 NO ..... 2 GO TO MM22A ←	YES ..... 1 NO ..... 2 GO TO MM22A ←	YES ..... 1 NO ..... 2 GO TO MM22A ←
MM22	How many days after the end of the pregnancy or childbirth did {NAME IN MM13} die?	DAYS .. <input type="text"/> <input type="text"/>	DAYS .. <input type="text"/> <input type="text"/>	DAYS .. <input type="text"/> <input type="text"/>
MM22A	How many live born children did (NAME) give birth to during her	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
MM23	Was {NAME IN MM13}'s death due to an act of violence?	YES ..... 1 GO TO (02) ← NO ..... 2	YES ..... 1 GO TO (03) ← NO ..... 2	YES ..... 1 GO TO (04) ← NO ..... 2
MM24	Was {NAME IN MM13}'s death due to an accident?	YES ..... 1 NO ..... 2 GO TO (02)	YES ..... 1 NO ..... 2 GO TO (03)	YES ..... 1 NO ..... 2 GO TO (04)
IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION.				

**DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
DV00	<p>CHECK COVER PAGE: WOMAN SELECTED FOR DV MODULE?</p> <p align="center">WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/></p>	<p align="center">WOMAN <input type="checkbox"/> NOT SELECTED</p>	<p align="center">NEXT SECT.</p>																																				
DV01	<p>CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p align="center">PRIVACY OBTAINED ..... 1</p>	<p align="center">PRIVACY NOT POSSIBLE ..... 2</p>	<p align="center">DV37</p>																																				
DV02	<p>Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Rwanda. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. 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.</p>																																						
DV03	<p>CHECK 701 AND 702:</p> <p align="center">NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/></p>	<p align="center">CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p align="center">FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/ MALE PARTNER')</p>	<p align="center">DV06</p> <p align="center">DV06</p>																																				
DV04	<p>You have said that you are not married and are not living with a man as if married. Are you currently in an intimate relationship with a man even though you are not living with him?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p align="center">DV06</p>																																				
DV05	<p>Have you ever been in an intimate relationship with a man even though you did not ever live with him?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p align="center">DV19</p>																																				
DV06	<p>Now, I am going to ask you about some situations that can happen between some women and their (husband/male partner).</p> <p>A. Please tell me if these descriptions apply to your relationship with your (last) (husband/male partner).</p> <p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1" data-bbox="760 1297 1354 1787"> <thead> <tr> <th></th> <th>EVER</th> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) He (is/was) jealous or angry if you (talk/talked) to other men?</td> <td>YES 1 NO 2</td> <td>→</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) He wrongly (accuses/accused) you of being unfaithful?</td> <td>YES 1 NO 2</td> <td>→</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) He (does/did) not permit you to meet your female friends?</td> <td>YES 1 NO 2</td> <td>→</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d) He (tries/tried) to limit your contact with your family?</td> <td>YES 1 NO 2</td> <td>→</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e) He (insists/insisted) on knowing where you (are/were) at all times?</td> <td>YES 1 NO 2</td> <td>→</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>				EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) He (is/was) jealous or angry if you (talk/talked) to other men?	YES 1 NO 2	→	1	2	3	b) He wrongly (accuses/accused) you of being unfaithful?	YES 1 NO 2	→	1	2	3	c) He (does/did) not permit you to meet your female friends?	YES 1 NO 2	→	1	2	3	d) He (tries/tried) to limit your contact with your family?	YES 1 NO 2	→	1	2	3	e) He (insists/insisted) on knowing where you (are/were) at all times?	YES 1 NO 2	→	1	2	3
	EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS																																		
a) He (is/was) jealous or angry if you (talk/talked) to other men?	YES 1 NO 2	→	1	2	3																																		
b) He wrongly (accuses/accused) you of being unfaithful?	YES 1 NO 2	→	1	2	3																																		
c) He (does/did) not permit you to meet your female friends?	YES 1 NO 2	→	1	2	3																																		
d) He (tries/tried) to limit your contact with your family?	YES 1 NO 2	→	1	2	3																																		
e) He (insists/insisted) on knowing where you (are/were) at all times?	YES 1 NO 2	→	1	2	3																																		

**DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																							
DV07	<p>Now I need to ask some more questions about your relationship with your (last) (husband/male partner).</p> <p>A. Did your (last) (husband/male partner) ever:</p> <table border="1" data-bbox="761 352 930 684"> <thead> <tr> <th colspan="2">EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) say or do something to humiliate you in front of others?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) threaten to hurt or harm you or someone you care about?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) insult you or make you feel bad about yourself?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) say or do something to humiliate you in front of others?	YES 1 NO 2	→ 1	2	3	b) threaten to hurt or harm you or someone you care about?	YES 1 NO 2	→ 1	2	3	c) insult you or make you feel bad about yourself?	YES 1 NO 2	→ 1	2	3	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>																																				
EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS																																																						
a) say or do something to humiliate you in front of others?	YES 1 NO 2	→ 1	2	3																																																						
b) threaten to hurt or harm you or someone you care about?	YES 1 NO 2	→ 1	2	3																																																						
c) insult you or make you feel bad about yourself?	YES 1 NO 2	→ 1	2	3																																																						
DV08	<p>A. Did your (last) (husband/male partner) ever do any of the following things to you:</p> <table border="1" data-bbox="761 793 930 1703"> <thead> <tr> <th colspan="2">EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) push you, shake you, or throw something at you?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) slap you?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) twist your arm or pull your hair?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d) punch you with his fist or with something that could hurt you?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e) kick you, drag you, or beat you up?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>f) try to choke you or burn you on purpose?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>g) attack you with a knife, gun, or other weapon?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>h) physically force you to have sexual intercourse with him when you did not want to?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>i) physically force you to perform any other sexual acts you did not want to?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>j) force you with threats or in any other way to perform sexual acts you did not want to?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) push you, shake you, or throw something at you?	YES 1 NO 2	→ 1	2	3	b) slap you?	YES 1 NO 2	→ 1	2	3	c) twist your arm or pull your hair?	YES 1 NO 2	→ 1	2	3	d) punch you with his fist or with something that could hurt you?	YES 1 NO 2	→ 1	2	3	e) kick you, drag you, or beat you up?	YES 1 NO 2	→ 1	2	3	f) try to choke you or burn you on purpose?	YES 1 NO 2	→ 1	2	3	g) attack you with a knife, gun, or other weapon?	YES 1 NO 2	→ 1	2	3	h) physically force you to have sexual intercourse with him when you did not want to?	YES 1 NO 2	→ 1	2	3	i) physically force you to perform any other sexual acts you did not want to?	YES 1 NO 2	→ 1	2	3	j) force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 NO 2	→ 1	2	3	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>	
EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS																																																						
a) push you, shake you, or throw something at you?	YES 1 NO 2	→ 1	2	3																																																						
b) slap you?	YES 1 NO 2	→ 1	2	3																																																						
c) twist your arm or pull your hair?	YES 1 NO 2	→ 1	2	3																																																						
d) punch you with his fist or with something that could hurt you?	YES 1 NO 2	→ 1	2	3																																																						
e) kick you, drag you, or beat you up?	YES 1 NO 2	→ 1	2	3																																																						
f) try to choke you or burn you on purpose?	YES 1 NO 2	→ 1	2	3																																																						
g) attack you with a knife, gun, or other weapon?	YES 1 NO 2	→ 1	2	3																																																						
h) physically force you to have sexual intercourse with him when you did not want to?	YES 1 NO 2	→ 1	2	3																																																						
i) physically force you to perform any other sexual acts you did not want to?	YES 1 NO 2	→ 1	2	3																																																						
j) force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 NO 2	→ 1	2	3																																																						

**DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
DV09	CHECK DV08A (a-j):  AT LEAST ONE <input type="checkbox"/> 'YES' ↓	NOT A SINGLE <input type="checkbox"/> 'YES' →	→ DV11																																
DV10	Did the following ever happen as a result of what your (last) (husband/male partner) did to you:  a) You had cuts, bruises, or aches?  b) You had eye injuries, sprains, dislocations, or burns?  c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES ..... 1 NO ..... 2  YES ..... 1 NO ..... 2  YES ..... 1 NO ..... 2																																	
DV11	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/male partner) at times when he was not already beating or physically hurting you?	YES ..... 1 NO ..... 2	→ DV13																																
DV12	In the last 12 months, how often have you done this to your (last) (husband/male partner): often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3																																	
DV13	Did your (last) (husband/male partner) drink alcohol?	YES ..... 1 NO ..... 2	→ DV15																																
DV14	How often did he get drunk: often, only sometimes, or never?	OFTEN ..... 1 SOMETIMES ..... 2 NEVER ..... 3																																	
DV15	Were you afraid of your (last) (husband/male partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID ..... 1 SOMETIMES AFRAID ..... 2 NEVER AFRAID ..... 3																																	
DV16	A. So far we have been talking about the behavior of your (current/last) (husband/male partner). Now I want to ask you about the behavior of any previous husband or any other current or previous male partner that you may have ever had.  a) Did any previous husband or any other current or previous male partner ever hit, slap, kick, or do anything else to hurt you physically?  b) Did any previous husband or any other current or previous male partner physically force you to have intercourse or perform any other sexual acts that you did not want to?  c) Did any previous husband or any other current or previous male partner humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?	B. How long ago did this last happen?  <table border="1" data-bbox="764 1262 1352 1837"> <thead> <tr> <th data-bbox="764 1262 930 1346">EVER</th> <th data-bbox="930 1262 1089 1346">0 - 11 MONTHS AGO</th> <th data-bbox="1089 1262 1248 1346">12+ MONTHS AGO</th> <th data-bbox="1248 1262 1352 1346">DON'T REMEMBER</th> </tr> </thead> <tbody> <tr> <td colspan="4" data-bbox="764 1346 1352 1430">HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER ..... 6</td> </tr> <tr> <td data-bbox="764 1430 930 1514">YES 1</td> <td data-bbox="930 1430 1089 1514">→ 1</td> <td data-bbox="1089 1430 1248 1514">2</td> <td data-bbox="1248 1430 1352 1514">3</td> </tr> <tr> <td data-bbox="764 1514 930 1598">NO 2 ↓</td> <td colspan="3"></td> </tr> <tr> <td data-bbox="764 1598 930 1682">YES 1</td> <td data-bbox="930 1598 1089 1682">→ 1</td> <td data-bbox="1089 1598 1248 1682">2</td> <td data-bbox="1248 1598 1352 1682">3</td> </tr> <tr> <td data-bbox="764 1682 930 1766">NO 2 ↓</td> <td colspan="3"></td> </tr> <tr> <td data-bbox="764 1766 930 1837">YES 1</td> <td data-bbox="930 1766 1089 1837">→ 1</td> <td data-bbox="1089 1766 1248 1837">2</td> <td data-bbox="1248 1766 1352 1837">3</td> </tr> <tr> <td data-bbox="764 1837 930 1837">NO 2 ↓</td> <td colspan="3"></td> </tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER ..... 6				YES 1	→ 1	2	3	NO 2 ↓				YES 1	→ 1	2	3	NO 2 ↓				YES 1	→ 1	2	3	NO 2 ↓				→ DV17
EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER																																
HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER ..... 6																																			
YES 1	→ 1	2	3																																
NO 2 ↓																																			
YES 1	→ 1	2	3																																
NO 2 ↓																																			
YES 1	→ 1	2	3																																
NO 2 ↓																																			

**DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV17	CHECK DV08A (h-j) AND DV16A (b):  AT LEAST ONE <input type="checkbox"/> 'YES' ↓	NOT A SINGLE <input type="checkbox"/> YES →	DV19
DV18	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous husband or male partner?	AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	
DV19	CHECK 212 AND 232:  CURRENTLY PREGNANT 232=1 OR <input type="checkbox"/> HAD ONE OR MORE PAST PREGNANCIES 212>0 ↓	NOT PREGNANT 232=2 AND <input type="checkbox"/> NO PAST PREGNANCIES 212=0 →	DV22
DV20	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES ..... 1 NO ..... 2	→ DV22
DV21	Who has done any of these things to physically hurt you while you were pregnant?  Anyone else?  RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER ..... A MOTHER/STEP-MOTHER ..... B FATHER/STEP-FATHER ..... C SISTER/BROTHER ..... D DAUGHTER/SON ..... E OTHER RELATIVE ..... F FORMER HUSBAND/PARTNER ..... G CURRENT BOYFRIEND ..... H FORMER BOYFRIEND ..... I MOTHER-IN-LAW ..... J FATHER-IN-LAW ..... K OTHER IN-LAW ..... L TEACHER ..... M SCHOOLMATE/CLASSMATE ..... N EMPLOYER/SOMEONE AT WORK .. O POLICE/SOLDIER ..... P  OTHER _____ X (SPECIFY)	
DV22	CHECK 701 AND 702 AND DV04 AND DV05:  EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/> ↓  a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner.	NEVER MARRIED/ NEVER LIVED WITH A MAN/ NEVER HAD A MALE PARTNER <input type="checkbox"/> ↓  b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?  YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	→ DV25

**DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV23	Who has hurt you in this way?  Anyone else?  RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER ..... A FATHER/STEP-FATHER ..... B SISTER/BROTHER ..... C DAUGHTER/SON ..... D OTHER RELATIVE ..... E CURRENT BOYFRIEND ..... F FORMER BOYFRIEND ..... G MOTHER-IN-LAW ..... H FATHER-IN-LAW ..... I OTHER IN-LAW ..... J TEACHER ..... K SCHOOLMATE/CLASSMATE ..... L EMPLOYER/SOMEONE AT WORK .. M POLICE/SOLDIER ..... N  OTHER _____ X (SPECIFY)	
DV24	In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3	
DV25	CHECK 701 AND 702 AND DV04 AND DV05:  EVER MARRIED/ EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/>	NEVER MARRIED/ NEVER HAD <input type="checkbox"/> A MALE PARTNER	→ DV27
DV26	At any time in your life, as a child or as an adult, has anyone other than any previous husband or any other current or previous male partner ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? Remember I do not want you to include any husband or male partner.	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	→ DV28 → DV31
DV27	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	→ DV31
DV28	CHECK 701 AND 702 AND DV04 AND DV05:  EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/> a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by anyone, not including any husband or any other male partner?	NEVER MARRIED/ NEVER LIVED WITH A MAN/ NEVER HAD A MALE PARTNER <input type="checkbox"/> b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to?  AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	

**DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
DV29	<p>Who has forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>FATHER/STEP-FATHER ..... A</p> <p>BROTHER/STEP-BROTHER ..... B</p> <p>OTHER RELATIVE ..... C</p> <p>CURRENT BOYFRIEND ..... D</p> <p>FORMER BOYFRIEND ..... E</p> <p>IN-LAW ..... F</p> <p>OWN FRIEND/ACQUAINTANCE ..... G</p> <p>FAMILY FRIEND ..... H</p> <p>TEACHER ..... I</p> <p>SCHOOLMATE/CLASSMATE ..... J</p> <p>EMPLOYER/SOMEONE AT WORK .. K</p> <p>POLICE/SOLDIER ..... L</p> <p>RELIGIOUS LEADER ..... M</p> <p>STRANGER ..... N</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>			
DV30	<p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px dashed black; padding-right: 10px;"> <p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> </td> <td style="width: 50%; vertical-align: top; padding-left: 10px;"> <p>NEVER MARRIED/ NEVER LIVED WITH A MAN/ NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> </td> </tr> </table>	<p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>NEVER MARRIED/ NEVER LIVED WITH A MAN/ NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
<p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>NEVER MARRIED/ NEVER LIVED WITH A MAN/ NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>				
DV31	<p>CHECK DV08A (a-j), DV16A (a,b), DV20, DV22, DV26, AND DV27:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; vertical-align: middle;"> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p style="text-align: center;">↓</p> </td> <td style="width: 50%; text-align: center; vertical-align: middle;"> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p> <p style="text-align: center;">→</p> </td> </tr> </table>		<p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p>NOT A SINGLE 'YES' <input type="checkbox"/></p> <p style="text-align: center;">→</p>	<p>→ DV35</p>
<p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p>NOT A SINGLE 'YES' <input type="checkbox"/></p> <p style="text-align: center;">→</p>				
DV32	<p>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ DV34</p>		
DV33	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY ..... A</p> <p>HUSBAND'S/PARTNER'S FAMILY .. B</p> <p>CURRENT/FORMER HUSBAND/PARTNER ..... C</p> <p>CURRENT/FORMER BOYFRIEND .. D</p> <p>FRIEND ..... E</p> <p>NEIGHBOR ..... F</p> <p>RELIGIOUS LEADER ..... G</p> <p>DOCTOR/MEDICAL PERSONNEL ..... H</p> <p>POLICE/ISANGE ONE STOP CENTER I</p> <p>LAWYER ..... J</p> <p>SOCIAL SERVICE ORGANIZATION .. K</p> <p>RIB ..... L</p> <p>LOCAL COMMUNITY LEADERS ..... M</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	<p>→ DV35</p>		

**DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
DV34	Have you ever told any one about this?	YES ..... 1 NO ..... 2																						
DV35	As far as you know, did your father ever beat your mother?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																						
DV35A	Through social media or other technological means, have you ever experienced any of the following:  Aa) Cyberbullying Ab) Cyberstalking Ac) Nonconsensual distribution of sexually explicit Ad) Online gender-based hate speech Ae) Using technology to coordinate physical violence Af) Hacking into your account	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>CYBERBULLYING ..</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>CYBERSTALKING ..</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>IMAGES .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>ONLINE HATE SPEECH</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>TECH. VIOLENCE .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>HACK ACCOUNT .....</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	CYBERBULLYING ..	1	2	CYBERSTALKING ..	1	2	IMAGES .....	1	2	ONLINE HATE SPEECH	1	2	TECH. VIOLENCE .....	1	2	HACK ACCOUNT .....	1	2	
	YES	NO																						
CYBERBULLYING ..	1	2																						
CYBERSTALKING ..	1	2																						
IMAGES .....	1	2																						
ONLINE HATE SPEECH	1	2																						
TECH. VIOLENCE .....	1	2																						
HACK ACCOUNT .....	1	2																						
THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																								
DV36	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <tr> <td></td> <td align="center">YES, ONCE</td> <td align="center">YES, MORE THAN ONCE</td> <td align="center">NO</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 MALE ADULT ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>FEMALE ADULT .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND .....	1	2	3	OTHER MALE ADULT ..	1	2	3	FEMALE ADULT .....	1	2	3						
	YES, ONCE	YES, MORE THAN ONCE	NO																					
HUSBAND .....	1	2	3																					
OTHER MALE ADULT ..	1	2	3																					
FEMALE ADULT .....	1	2	3																					
DV37	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE.  <hr/> <hr/> <hr/>																							

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	
<b>2</b>	09	SEP	04	
<b>0</b>	08	AUG	05	
<b>2</b>	07	JUL	06	
<b>5</b>	06	JUN	07	
	05	MAY	08	
	04	APR	09	
	03	MAR	10	
	02	FEB	11	
	01	JAN	12	
<hr/>				
	12	DEC	13	
	11	NOV	14	
	10	OCT	15	
<b>2</b>	09	SEP	16	
<b>0</b>	08	AUG	17	
<b>2</b>	07	JUL	18	
<b>4</b>	06	JUN	19	
	05	MAY	20	
	04	APR	21	
	03	MAR	22	
	02	FEB	23	
	01	JAN	24	
<hr/>				
	12	DEC	25	
	11	NOV	26	
	10	OCT	27	
<b>2</b>	09	SEP	28	
<b>0</b>	08	AUG	29	
<b>2</b>	07	JUL	30	
<b>3</b>	06	JUN	31	
	05	MAY	32	
	04	APR	33	
	03	MAR	34	
	02	FEB	35	
	01	JAN	36	
<hr/>				
	12	DEC	37	
	11	NOV	38	
	10	OCT	39	
<b>2</b>	09	SEP	40	
<b>0</b>	08	AUG	41	
<b>2</b>	07	JUL	42	
<b>2</b>	06	JUN	43	
<b>2</b>	05	MAY	44	
	04	APR	45	
	03	MAR	46	
	02	FEB	47	
Mer	01	JAN	48	
<hr/>				
	12	DEC	49	
	11	NOV	50	
	10	OCT	51	
<b>2</b>	09	SEP	52	
<b>0</b>	08	AUG	53	
<b>2</b>	07	JUL	54	
<b>1</b>	06	JUN	55	
	05	MAY	56	
	04	APR	57	
	03	MAR	58	
	02	FEB	59	
	01	JAN	60	
<hr/>				
	12	DEC	61	
	11	NOV	62	
	10	OCT	63	
<b>2</b>	09	SEP	64	
<b>0</b>	08	AUG	65	
<b>2</b>	07	JUL	66	
<b>0</b>	06	JUN	67	
	05	MAY	68	
	04	APR	69	
	03	MAR	70	
	02	FEB	71	
	01	JAN	72	