



**SOMALI HEALTH & DEMOGRAPHIC SURVEY
2018-2019**

QUESTIONNAIRE
SERIAL NUMBER

REG. CODE		DIST CODE		EA CODE		HH SERIAL NO.			INTERVIEWER NO.		

EVER MARRIED WOMAN'S QUESTIONNAIRE

IDENTIFICATION																				
NAME	CODE																			
REGION _____	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																			
PRE-WAR NAME OF THE DISTRICT _____	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																			
CURRENT NAME OF THE DISTRICT _____																				
SETTLEMENT/TOWN _____	<table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>																			
EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC)																				
EA CODE	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																			
HOUSEHOLD SERIAL NUMBER IN THE EA	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																			
INTERVIEWER VISITS																				
	1	2	3	FINAL VISIT																
DATE _____	_____	_____	_____	DAY MONTH YEAR INT. NO. RESULT* <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																
INTERVIEWER'S NAME _____	_____	_____	_____																	
RESULT* _____	_____	_____	_____																	
NEXT VISIT: DATE _____	_____	_____	_____	TOTAL NUMBER OF VISITS <table border="1"><tr><td> </td></tr></table>																
TIME _____	_____	_____	_____																	
*RESULT CODES: 1 COMPLETED 4 REFUSED 7 NOT ELIGIBLE (LESS THAN 12 OR MORE THAN 49 YEARS 2 NOT AT HOME 5 PARTLY COMPLETED 8 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____																				
LANGUAGE OF QUESTIONNAIRE** <table border="1"><tr><td>0</td><td>1</td></tr></table> LANGUAGE OF INTERVIEW** <table border="1"><tr><td> </td><td> </td></tr></table> NATIVE LANGUAGE OF RESPONDENT** <table border="1"><tr><td> </td><td> </td></tr></table>					0	1														
0	1																			
LANGUAGE OF QUESTIONNAIRE** ENGLISH **LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE _____ 02 SOMALI SPECIFY _____																				
NAME	SUPERVISOR _____	FIELD EDITOR _____	OFFICE EDITOR _____	KEYED IN BY _____																
DATE	_____	_____	_____	_____																
CODE	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with [NAME OF ORGANIZATION]. We are conducting a survey about health and related topics all over [NAME OF COUNTRY]. The information we collect will help the government to plan health and other services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 45 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. your participation in the survey is voluntary, 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 ministry of interior/planning and/or health.

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES TO BE INTERVIEWED . . 1
↓

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE START TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	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	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
106	What is the highest [GRADE/FORM/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] <input type="text"/> <input type="text"/>	
107	CHECK 105: PRIMARY OR <input type="checkbox"/> SECONDARY ↓	HIGHER <input type="checkbox"/>	→ 110
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	CHECK 108: CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/>	CODE '1' OR '5' CIRCLED <input type="checkbox"/>	→ 111
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
113	Do you own a mobile telephone?	YES 1 NO 2	→ 115
114	Do you use your mobile phone for any financial transactions?	YES 1 NO 2	
115	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	
116	Have you ever used the internet?	YES 1 NO 2	→ 119
117	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 119
118	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
119	Are you currently married?	YES 1 NO 2	→ 121
120	What is your marital status now: are you widowed or divorced?	WIDOWED 1 DIVORCED 2	
121	Have you been married only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
122	CHECK 121: MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> a) In what month and year were you legally married (Nikaax/contract)? b) Now I would like to ask about your first husband. In what month and year were you legally married to him (Nikaax/contract)?	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	
123	How old were you when you got legally married to your (first) husband (Nikaax)?	AGE <input type="text"/> <input type="text"/>	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
124	<p>CHECK 121:</p> <p align="center"> MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> </p> <p>a) In what month and year did you wed with your husband (Aqal gal)?</p> <p>b) Now I would like to ask about your first husband. In what month and year did you wed with him (Aqal gal)?</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>	
125	<p>How old were you when you wedded with your (first) husband (Aqal gal)?</p>	<p>AGE <input type="text"/> <input type="text"/></p> <p>NOT YET WEDDED 95</p>	
126	<p>Did the marriage contract (Nikaax) and wedding (Aqal gal) happen at the same time?</p>	<p>YES 1</p> <p>NO 2</p>	

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 been pregnant?	YES 1 NO 2	→ 239								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" data-bbox="1219 369 1344 426"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" data-bbox="1219 426 1344 483"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" data-bbox="1219 621 1344 678"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" data-bbox="1219 678 1344 735"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
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 but did not survive?	YES 1 NO 2	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" data-bbox="1219 978 1344 1035"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" data-bbox="1219 1035 1344 1092"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" data-bbox="1219 1146 1344 1203"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→ 226								

SECTION 2. REPRODUCTION

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 10 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER.	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born? 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"/>	Is (NAME) still alive? YES 1 NO 2 ↓ (SKIP TO	How old was (NAME) at (NAME)'s last birthday? RECORD AGE IN COMPLETED YEARS. AGE IN YEARS <input type="text"/> <input type="text"/>	Is (NAME) living with you? YES 1 NO 2	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD. HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD '00' IF LESS THAN A DAY; DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	Were there any other live births between (NAME) OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? YES 1 (ADD BIRTH) ↙ NO 2 (NEXT BIRTH) ↙
01	BOY 1 GIRL 2	SING 1 MULT 2	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"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	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"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↙ NO 2 (NEXT BIRTH) ↙
03	BOY 1 GIRL 2	SING 1 MULT 2	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"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↙ NO 2 (NEXT BIRTH) ↙
04	BOY 1 GIRL 2	SING 1 MULT 2	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"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↙ NO 2 (NEXT BIRTH) ↙
05	BOY 1 GIRL 2	SING 1 MULT 2	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"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↙ NO 2 (NEXT BIRTH) ↙

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER.	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born? DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	Is (NAME) still alive? YES 1 NO 2 ↓ (SKIP TO	How old was (NAME) at (NAME)'s last birthday? RECORD AGE IN COMPLETED YEARS. AGE IN YEARS <input type="text"/> <input type="text"/>	Is (NAME) living with you? YES 1 NO 2	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD. HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD '00' IF LESS THAN A DAY; DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? YES (ADD BIRTH) 1 ↓ NO (NEXT BIRTH) 2
06	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 ↓ NO (NEXT BIRTH) 2
07	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 ↓ NO (NEXT BIRTH) 2
08	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 ↓ NO (NEXT BIRTH) 2
09	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 ↓ NO (NEXT BIRTH) 2
10	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 ↓ NO (NEXT BIRTH) 2

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> NUMBERS ARE SAME <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ← </div> </div>		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2014-2019	NUMBER OF BIRTHS <input type="text"/> NONE 0 → 226	
225	<p>C FOR EACH BIRTH IN 2014-2019, 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 BIRTH, ASK THE NUMBER OF COMPLETED MONTHS THE PREGNANCY LASTED AND 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>		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8 → 230	
227	How many months pregnant are you? PROBE: WHAT WAS YOUR LAST MENSTRUAL PERIOD? RECORD NUMBER OF COMPLETED MONTHS. <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
228	When you got pregnant, were you expecting to get pregnant at that time?	YES 1 NO 2 → 230	
229	CHECK 208: TOTAL NUMBER OF BIRTHS <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ONE OR MORE <input type="checkbox"/> ↓ a) Did you want to have a baby later on or did you want more children? </div> <div style="text-align: center;"> NONE <input type="checkbox"/> ↓ b) Did you want to have a baby later on? </div> </div>	LATER 1 NO MORE/NONE 2	
230	Have you ever had a pregnancy that miscarried or ended in a stillbirth?	YES 1 NO 2 → 239	
231	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
232	CHECK 231: LAST PREGNANCY ENDED IN 2014-2019 <input type="checkbox"/>	LAST PREGNANCY ENDED IN 2013 OR EARLIER <input type="checkbox"/>		→ 234 → 239
LINE NO.	233 In what month and year did the preceding such pregnancy end?	234 How many months pregnant were you when that pregnancy ended?	235 Since January 2014, have you had any other pregnancies that did not result in a live birth?	
01		<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
02	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
03	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
04	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ 236
236	<p>C FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2014-2019 OR LATER, 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 THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.</p>			
237	Did you have any miscarriages, abortions or stillbirths that ended before 2014?	YES 1 NO 2		→ 239
238	When did the last such pregnancy that terminated before 2014 end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
239	When did your last menstrual period start? <hr/> (DATE, IF GIVEN) CIRCLE DAYS AGO AND PUT 00 IF STARTED THE SAME DAY	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	
240	How old were you when you had your first menstrual period?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 243
242	Is this time just before her period begins, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGIN: 1 RIGHT AFTER HER PERIOD HAS ENDE 2 HALFWAY BETWEEN TWO PERIODS 3 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. BIRTH SPACING

301	Now I would like to talk about birth spacing - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	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
02	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
03	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
04	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
05	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
06	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2
07	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2
08	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
09	Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2
10	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2
11	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2
12	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. BIRTH SPACING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
302	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> →	312						
303	Are you or your husband currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	312						
304	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 307 → 306 → 307						
305	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	MICROLUT 01 ZINNIA 02 MICROGYNON 03 CHOICE 04 I-PLAN 05 STYLE 06 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	307						
306	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	DUREX 01 MOODS 02 GOLD 03 SENSATION 04 GEANS 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98							
307	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>							
308	CHECK 307, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 307 NO <input type="checkbox"/> ↓	YES <input type="checkbox"/> GO BACK TO 307, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION). ←							

SECTION 3. BIRTH SPACING (PAPER OPTION)

309	<p>CHECK 307:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">YEAR IS 2014-2019 </p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p style="text-align: center;">THEN CONTINUE ↓</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p style="text-align: center;">YEAR IS 2013 OR EARLIER </p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2014 .</p> <p style="text-align: right;">THEN ↓ (SKIP TO 324) ←</p> </div> </div>
310	<p>I would like to ask you some questions about the times you or your husband 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 2014. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>C IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ol style="list-style-type: none"> a) When was the last time you used a method? Which method was that? b) When did you start using that method? How long after the birth of (NAME)? c) How long did you use the method then? <p>C IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ol style="list-style-type: none"> d) Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? e) IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.

SECTION 3. BIRTH SPACING (CAPI OPTION)

309	<p>CHECK 307:</p> <p>YEAR IS 2014-2019 <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>THEN CONTINUE</p>	<p>YEAR IS 2013 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2014 .</p> <p>THEN (SKIP TO 322)</p>		
310	<p>I would like to ask you some questions about the times you or your husband may have used a method to avoid getting pregnant during the last few years.</p> <p>C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2014. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p>			
		COLUMN 1	COLUMN 2	COLUMN 3
310A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>
310B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your husband use any method of contraception?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 310I) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 310I) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 310I) ←</p>
310C	Which method was that?	METHOD CODE .. <input type="text"/>	METHOD CODE .. <input type="text"/>	METHOD CODE .. <input type="text"/>
310D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 310F) ←</p> <p>DATE GIVEN 95</p>	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 310F) ←</p> <p>DATE GIVEN 95</p>	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 310F) ←</p> <p>DATE GIVEN 95</p>
310E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>
310F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	<p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 310H) ←</p> <p>DATE GIVEN 95</p>	<p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 310H) ←</p> <p>DATE GIVEN 95</p>	<p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 310H) ←</p> <p>DATE GIVEN 95</p>
310G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>
310H	Why did you stop using (METHOD)?	REASON STOPPED <input type="text"/>	REASON STOPPED <input type="text"/>	REASON STOPPED <input type="text"/>
310I	<p>GO BACK TO 310A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 311.</p>			

SECTION 3. BIRTH SPACING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	<p>CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH</p> <p align="center">NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/></p>		→ 313
312	<p>Have you ever used anything or tried in any way to delay or avoid getting pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	→ 322
313	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED 00</p> <p>IUD 03</p> <p>INJECTABLES 04</p> <p>IMPLANTS 05</p> <p>PILL 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>EMERGENCY CONTRACEPTION 09</p> <p>STANDARD DAYS METHOD 10</p> <p>LACTATIONAL AMENORRHEA METHOD 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER MODERN METHOD 95</p> <p>OTHER TRADITIONAL METHOD 96</p>	<p>→ 322</p> <p>→ 319</p>
314	<p>You first started using (CURRENT METHOD) in (DATE FROM 307). Where did you get it at that time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>REFERRAL HEALTH CENTRE 12</p> <p>MCH/HC 13</p> <p>PRIMARY HEALTH UNIT (PHU) 14</p> <p>MOBILE CLINIC 15</p> <p>COMMUNITY HEALTH WORKER 16</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 17</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/DOCTOR 21</p> <p>PHARMACY 22</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>FRIEND/RELATIVE 32</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
315	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>IUD 03</p> <p>INJECTABLES 04</p> <p>IMPLANTS 05</p> <p>PILL 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>EMERGENCY CONTRACEPTION 09</p> <p>STANDARD DAYS METHOD 10</p> <p>OTHER MODERN METHOD 95</p> <p>OTHER TRADITIONAL METHOD 96</p>	<p>→ 319</p> <p>→ 318</p> <p>→ 319</p>

SECTION 3. BIRTH SPACING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	
317	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
318	CHECK 316: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ANY <input type="checkbox"/> 'YES' ↓ </div> <div style="border-left: 1px dashed black; padding-left: 10px; text-align: center;"> OTHER <input type="checkbox"/> ↓ </div> </div> a) At that time, were you told about other methods of birth spacing that you could use? b) When you obtained (CURRENT METHOD FROM 313) from (SOURCE OF METHOD FROM 314), were you told about other methods of birth spacing that you could use?	YES 1 NO 2	→ 320
319	Were you ever told by a health worker about other methods of birth spacing that you could use?	YES 1 NO 2	
320	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	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	→ 323 → 323

SECTION 3. BIRTH SPACING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>REFERRAL HEALTH CENTRE 12</p> <p>MCH/HC 13</p> <p>PRIMARY HEALTH UNIT (PHU) 14</p> <p>MOBILE CLINIC 15</p> <p>COMMUNITY HEALTH WORKER 16</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/DOCTO 21</p> <p>PHARMACY 22</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>FRIEND/RELATIVE 32</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 325</p>
322	<p>Do you know of a place where you can obtain a method of birth spacing?</p>	<p>YES 1</p> <p>NO 2</p>	
323	<p>In the last 12 months, were you visited by a fieldworker?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 325</p>
324	<p>Did the fieldworker talk to you about birth spacing?</p>	<p>YES 1</p> <p>NO 2</p>	
325	<p>CHECK 202: LIVING WITH CHILDREN</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>
326	<p>Did any staff member at the health facility speak to you about birth spacing methods?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2014-2019 <input type="checkbox"/> NO BIRTHS IN 2014-2019 <input type="checkbox"/> → 648		
402	CHECK 215. RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2014-2019. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately)		
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
404	FROM 212 AND 216:	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ← NO 2	YES 1 (SKIP TO 426) ← NO 2
406	CHECK 208: ONLY ONE BIRTH OR MORE THAN ONE BIRTH <input type="checkbox"/> a) Did you want to have a baby later on?	LATER 1 NO MORE/NONE 2 (SKIP TO 408) ←	LATER 1 NO MORE/NONE 2 (SKIP TO 426) ←
407	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	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998
408	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 414) ←	
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A CLINICAL OFFICER B NURSE/MIDWIFE C AUXILIARY MIDWIFE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E COMMUNITY HEALTH WORKER F OTHER _____ X (SPECIFY)	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL... C</p> <p>REFERRAL HEALTH CENTRE D</p> <p>MCH/HC E</p> <p>PRIMARY HEALTH UNIT (PHU) F</p> <p>MOBILE CLINIC G</p> <p>OTHER PUBLIC SECTOR _____ H (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC I</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>													
411	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>													
412	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>													
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>a) Was your blood pressure measured?</p> <p>b) Did you give a urine sample?</p> <p>c) Did you give a blood sample?</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) BP</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) URINE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) BLOOD</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	a) BP	1	2	b) URINE	1	2	c) BLOOD	1	2	
	YES	NO													
a) BP	1	2													
b) URINE	1	2													
c) BLOOD	1	2													
414	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 417) ←</p> <p>DON'T KNOW 8</p>													
415	<p>During this pregnancy, how many times did you get a tetanus injection?</p>	<p>TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>													
416	<p>CHECK 415:</p>	<p>2 OR MORE TIMES <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> <p>(SKIP TO 420) ←</p>													

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
417	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 420) ← DON'T KNOW 8	
418	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	
419	CHECK 418: ONLY <input type="checkbox"/> ONE ↓ MORE <input type="checkbox"/> THAN ONE ↓ 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 AGO <input type="text"/> <input type="text"/>	
420	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 422) ← DON'T KNOW 8	
421	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
422	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8	
423	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8	
424	How many times did you take SP/Fansidar during this pregnancy? PROBE: MALARIA PREVENTION DRUG	TIMES <input type="text"/> <input type="text"/>	
425	Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source? IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.	ANTENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 6	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
426	When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
427	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8
428	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 [] . [] [] [] KG FROM RECALL 2 [] . [] [] [] DON'T KNOW 9998	KG FROM CARD 1 [] . [] [] [] KG FROM RECALL 2 [] . [] [] [] DON'T KNOW 9998
429	Who assisted with the delivery of (NAME)? 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.	HEALTH PERSONNEL DOCTOR A CLINICAL OFFICER B NURSE/MIDWIFE C AUXILIARY MIDWIFE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E RELATIVE/FRIEND F OTHER _____ X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A CLINICAL OFFICER B NURSE/MIDWIFE C AUXILIARY MIDWIFE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E RELATIVE/FRIEND F OTHER _____ X (SPECIFY) NO ONE ASSISTED Y

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
430	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11 (SKIP TO 434) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL... 21 REFERRAL HEALTH CENTRE 22 MCH/HC 23 PRIMARY HEALTH UNIT (PHU) 24 MOBILE CLINIC 25 OTHER PUBLIC SECTOR</p> <p>_____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 434) ←</p>	<p>HOME</p> <p>HER HOME 11 (SKIP TO 434) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL... 21 REFERRAL HEALTH CENTRE 22 MCH/HC 23 PRIMARY HEALTH UNIT (PHU) 24 MOBILE CLINIC 25 OTHER PUBLIC SECTOR</p> <p>_____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 434) ←</p>												
431	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW 98</p>													
432	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES 1 NO 2 (SKIP TO 434) ←</p>	<p>YES 1 NO 2 (SKIP TO 434) ←</p>												
433	<p>When was the decision made to have the caesarean section? Was it before or after your labor pains started?</p>	<p>BEFORE 1 AFTER 2</p>	<p>BEFORE 1 AFTER 2</p>												
434	<p>Immediately after the birth, was (NAME) put on your chest?</p>	<p>YES 1 NO 2 (SKIP TO 434B) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 459) ←</p> <p>DON'T KNOW 8</p>												
434A	<p>Was (NAME)'s bare skin touching your bare skin (kangaroo)?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>												
434B	<p>CHECK 430: PLACE OF DELIVERY</p>	<p>CODE</p> <p>11, 12, OR 96 <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 449) ←</p>													

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
435	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 while you were still in the facility?	YES 1 NO 2 (SKIP TO 438) ←							
436	How long after delivery did the first check take place? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="954 468 1076 520"><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" data-bbox="954 520 1076 573"><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" data-bbox="954 573 1076 625"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98							
437	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER 12 NURSE/MIDWIFE 13 AUXILIARY MIDWIFE 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 OTHER _____ 96 (SPECIFY)							
438	Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the facility?	YES 1 NO 2 (SKIP TO 441) ← DON'T KNOW 8							
439	How long after delivery was (NAME)'s health first checked? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="954 1339 1076 1392"><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" data-bbox="954 1392 1076 1444"><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" data-bbox="954 1444 1076 1497"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98							
440	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER 12 NURSE/MIDWIFE 13 AUXILIARY MIDWIFE 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 OTHER _____ 96 (SPECIFY)							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
441	Now I want 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 (SKIP TO 445) ←													
442	How long after delivery did that check take place? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="954 415 1075 466"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" data-bbox="954 466 1075 516"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" data-bbox="954 516 1075 567"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 98													
443	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER 12 NURSE/MIDWIFE 13 AUXILIARY MIDWIFE 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 OTHER _____ 96 (SPECIFY)													
444	Where did the check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL .. 21 REFERRAL HEALTH CENTRE 22 MCH/HC 23 PRIMARY HEALTH UNIT (PHU) 24 MOBILE CLINIC 25 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)													
445	I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider or a traditional birth attendant check on (NAME)'s health in the six weeks after you left (FACILITY IN 430)?	YES 1 NO 2 (SKIP TO 457) ← DON'T KNOW 8													

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
446	<p>How many hours, days or weeks after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 98</p>							
447	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>CLINICAL OFFICER 12</p> <p>NURSE/MIDWIFE 13</p> <p>AUXILIARY MIDWIFE 14</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>COMMUNITY HEALTH WORKER 22</p> <p>OTHER _____ 96 (SPECIFY)</p>							
448	<p>Where did this check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL... 21</p> <p>REFERRAL HEALTH CENTRE 22</p> <p>MCH/HC 23</p> <p>PRIMARY HEALTH UNIT (PHU) 24</p> <p>MOBILE CLINIC 25</p> <p>OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC 31</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>(SKIP TO 457) ←</p>							
449	<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. Did anyone check on your health after you gave birth to (NAME)?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 453) ←</p>							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
450	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>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></p> <p>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></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW 98</p>													
451	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER 12 NURSE/MIDWIFE 13 AUXILIARY MIDWIFE 14</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22</p> <p>OTHER _____ 96 (SPECIFY)</p>													
452	<p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>HOME HER HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL .. 21 REFERRAL HEALTH CENTRE 22 MCH/HC 23 PRIMARY HEALTH UNIT (PHU 24 MOBILE CLINIC 25 OTHER PUBLIC SECTOR</p> <p>_____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>													
453	<p>I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the six weeks after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?</p>	<p>YES 1 NO 2 (SKIP TO 457) ←</p> <p>DON'T KNOW 8</p>													

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
454	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE HOUR RECORD '00'; IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS AFTER BIRTH 1 <table border="1" data-bbox="954 258 1075 310"><tr><td></td><td></td></tr></table> DAYS AFTER BIRTH 2 <table border="1" data-bbox="954 310 1075 363"><tr><td></td><td></td></tr></table> WEEKS AFTER BIRTH 3 <table border="1" data-bbox="954 363 1075 415"><tr><td></td><td></td></tr></table> DON'T KNOW 98							
455	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON	HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER 12 NURSE/MIDWIFE 13 AUXILIARY MIDWIFE 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 OTHER _____ 96 (SPECIFY)							
456	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL . . 21 REFERRAL HEALTH CENTRE 22 MCH/HC 23 PRIMARY HEALTH UNIT (PHU) 24 MOBILE CLINIC 25 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER _____ 96 SPECIFY							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																																
457	During the first two days after (NAME)'s birth, did any health care provider do the following: a) Examine the cord? b) Measure (NAME)'s temperature? c) Counsel you on danger signs for newborns? d) Counsel you on breastfeeding? e) Observe (NAME) breastfeeding? f) Checked the mother's temperature? g) Counsel you on birth spacing?	<table style="width:100%; border:none;"> <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) CORD</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) CHILD TEMP..</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) SIGNS</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) COUNSEL BREAST-FEED</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) OBSERVE BREAST-FEED</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) MOTH TEMP..</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) COUNSEL FF..</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) CORD	1	2	8	b) CHILD TEMP..	1	2	8	c) SIGNS	1	2	8	d) COUNSEL BREAST-FEED	1	2	8	e) OBSERVE BREAST-FEED	1	2	8	f) MOTH TEMP..	1	2	8	g) COUNSEL FF..	1	2	8	
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g) COUNSEL FF..	1	2	8																																
458	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 460) ← NO 2 (SKIP TO 461) ←																																	
459	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 461) ←																																
460	For how many months after the birth of (NAME) did you not have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98																																
461	For how many months after the birth of (NAME) did you start seeing your husband?	MONTHS <input type="text"/> <input type="text"/> NOT STARTED 95 DON'T KNOW 98 NO RESPONSE 99	MONTHS <input type="text"/> <input type="text"/> NOT STARTED 95 DON'T KNOW 98 NO RESPONSE 99																																
462	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 464) ← NO 2	YES 1 NO 2																																
463	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 468) ← (SKIP TO 469) ←																																	
464	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY 00 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>																																	
465	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2																																	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
466	CHECK 404: IS CHILD LIVING?	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 468) ← ↓	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 468) ← ↓
467	Are you still breastfeeding (NAME)?	YES 1 NO 2	
468	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
469		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501A.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501A.

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2016-2019? ONE OR MORE BIRTHS IN 2016-2019 <input type="checkbox"/>	NO BIRTHS IN 2016-2019 <input type="checkbox"/> → 601	
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2016-2019. NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503A	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/>	DEAD <input type="checkbox"/> → 501B	
504A	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 → 507A YES, HAS ONLY AN OTHER DOCUMENT 2 → 507A YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT ... 4	
505A	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506A	CHECK 504A: CODE '2' CIRCLED <input type="checkbox"/>		CODE '4' CIRCLED <input type="checkbox"/> → 511A
507A	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN ... 3 NO CARD AND NO OTHER DOCUMENT SEEN.. 4 → 511A	

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																													
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr></table>																																																																														
508A	<p>COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;"></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> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV)/IPV 0 (BIRTH DOSE)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV)/IPV 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV)/IPV 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV)/IPV 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES</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></tr> </tbody> </table>		DAY	MONTH	YEAR				BCG							ORAL POLIO VACCINE (OPV)/IPV 0 (BIRTH DOSE)							ORAL POLIO VACCINE (OPV)/IPV 1							ORAL POLIO VACCINE (OPV)/IPV 2							ORAL POLIO VACCINE (OPV)/IPV 3							DPT-HEP.B-HIB (PENTAVALENT) 1							DPT-HEP.B-HIB (PENTAVALENT) 2							DPT-HEP.B-HIB (PENTAVALENT) 3							MEASLES							VITAMIN A (MOST RECENT)								
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509A	<p>CHECK 508A: 'BCG' TO 'MEASLES' ALL RECORDED?</p> <p style="text-align: center;">NO <input type="checkbox"/></p> <p style="text-align: center;">YES <input type="checkbox"/> → 520A</p>																																																																															
510A	<p>In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 520A)</p> <p>NO 2 DON'T KNOW 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 520A)</p>																																																																														

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER..... <input type="text"/> <input type="text"/>	
511A	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES 1 NO 2 DON'T KNOW 8	→ 520A
512A	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	
513A	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio or IPV, that is an injection on the arm to prevent polio?	YES 1 NO 2 DON'T KNOW 8	→ 516A
514A	Did (NAME) receive the first oral polio or IPV vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
515A	How many times did (NAME) receive the oral polio or IPV vaccine?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	
516A	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	→ 518A
517A	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER..... <input type="text"/> <input type="text"/>																	
518A	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 520A																
519A	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8																	
520A	In the last 7 days was (NAME) given: a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER]? b) [LOCAL NAME FOR READY TO USE THERAPEUTIC FOOD SUCH AS PLUMPY'NUT]? c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD]?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> <td align="right">DK</td> </tr> <tr> <td>a) [POWDER/BUSICUIT]</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>b) [PLUMPY'NUT]</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>c) [PLUMPY'DOZ]</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> </table>		YES	NO	DK	a) [POWDER/BUSICUIT]	1	2	8	b) [PLUMPY'NUT]	1	2	8	c) [PLUMPY'DOZ]	1	2	8	
	YES	NO	DK																
a) [POWDER/BUSICUIT]	1	2	8																
b) [PLUMPY'NUT]	1	2	8																
c) [PLUMPY'DOZ]	1	2	8																
521A	CONTINUE WITH 501B.																		

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 215 IN THE BIRTH HISTORY: ANY MORE BIRTHS IN 2016-2019? MORE BIRTHS IN 2016-2019 <input type="checkbox"/> NO MORE BIRTHS IN 2016-2019 <input type="checkbox"/>	→ 601	
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2016-2019. NAME OF NEXT-TO-LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503B	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	→ 521B	
504B	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY AN OTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT ... 4	→ 507B → 507B
505B	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506B	CHECK 504B: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>	→ 511B	
507B	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN .. 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4	→ 511B

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER..... 																																																	
508B	COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.	<table style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th style="border: none;">DAY</th> <th style="border: none;">MONTH</th> <th style="border: none;">YEAR</th> </tr> <tr> <th style="border: none;"></th> <th style="border: none;">1</th><th style="border: none;">2</th><th style="border: none;">3</th> </tr> </thead> <tbody> <tr> <td style="border: none;">BCG</td> <td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: none;">ORAL POLIO VACCINE (OPV)/IPV 0 (BIRTH DOSE)</td> <td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: none;">ORAL POLIO VACCINE (OPV)/IPV 1</td> <td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: none;">ORAL POLIO VACCINE (OPV)/IPV 2</td> <td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: none;">ORAL POLIO VACCINE (OPV)/IPV 3</td> <td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: none;">DPT-HEP.B-HIB (PENTAVALENT) 1</td> <td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: none;">DPT-HEP.B-HIB (PENTAVALENT) 2</td> <td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: none;">DPT-HEP.B-HIB (PENTAVALENT) 3</td> <td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: none;">MEASLES</td> <td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: none;">VITAMIN A (MOST RECENT)</td> <td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td> </tr> </tbody> </table>		DAY	MONTH	YEAR		1	2	3	BCG				ORAL POLIO VACCINE (OPV)/IPV 0 (BIRTH DOSE)				ORAL POLIO VACCINE (OPV)/IPV 1				ORAL POLIO VACCINE (OPV)/IPV 2				ORAL POLIO VACCINE (OPV)/IPV 3				DPT-HEP.B-HIB (PENTAVALENT) 1				DPT-HEP.B-HIB (PENTAVALENT) 2				DPT-HEP.B-HIB (PENTAVALENT) 3				MEASLES				VITAMIN A (MOST RECENT)				
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509B	CHECK 508B: 'BCG' TO 'MEASLES' ALL RECORDED? NO <input type="checkbox"/>	YES <input type="checkbox"/> → 520B																																																	
510B	In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508B THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) ← (THEN SKIP TO 520B) ←																																																	
		NO 2 DON'T KNOW 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) ← (THEN SKIP TO 520B) ←																																																	

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER..... <input type="text"/> <input type="text"/>	
511B	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES 1 NO 2 DON'T KNOW 8	→ 520B
512B	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	
513B	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio or IPV, that is an injection on the arm to prevent polio?+B188	YES 1 NO 2 DON'T KNOW 8	→ 516B
514B	Did (NAME) receive the first oral polio or IPV vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
515B	How many times did (NAME) receive the oral polio or IPV vaccine?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	
516B	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	→ 518B
517B	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER..... <input type="text"/> <input type="text"/>	
518B	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 520B
519B	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	
520B	In the last 7 days was (NAME) given:	YES NO DK	
	a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER/BUSCUIT]?	a) [POWDER] 1 2 8	
	b) [LOCAL NAME FOR READY TO USE THERAPEUTIC FOOD SUCH AS PLUMPY'NUT]?	b) [PLUMPY'NUT] 1 2 8	
	c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD SUCH AS PLUMPY'DOZ]?	c) [PLUMPY'DOZ] 1 2 8	
521B	CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2016-2019? MORE BIRTHS IN 2016-2019 <input type="checkbox"/> (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE) ←	NO MORE BIRTHS IN 2016-2019 <input type="checkbox"/> →	→ 601

SECTION 6. CHILD HEALTH AND NUTRITION

601	CHECK 224:	ONE OR MORE BIRTHS <input type="checkbox"/> IN 2014-2019 ↓		NO BIRTHS <input type="checkbox"/> IN 2014-2019 → 648	
602	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2014-2019. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately)				
603	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH		NEXT-TO-LAST BIRTH	
		BIRTH HISTORY NUMBER <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>		BIRTH HISTORY NUMBER <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>	
604	FROM 212 AND 216:	NAME _____		NAME _____	
		LIVING <input type="checkbox"/>	DEAD <input type="checkbox"/>	LIVING <input type="checkbox"/>	DEAD <input type="checkbox"/>
		(SKIP TO 646) ←		(SKIP TO 646) ←	
605	In the last six months, was (NAME) given a vitamin A dose like [this/any of these]?	YES 1	NO 2	YES 1	NO 2
	SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	DON'T KNOW 8		DON'T KNOW 8	
606	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like [this/any of these]?	YES 1	NO 2	YES 1	NO 2
	SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	DON'T KNOW 8		DON'T KNOW 8	
607	Was (NAME) given any drug for intestinal worms in the last six months?	YES 1	NO 2	YES 1	NO 2
		DON'T KNOW 8		DON'T KNOW 8	
608	Has (NAME) had diarrhea in the last 2 weeks?	YES 1	NO 2	YES 1	NO 2
		DON'T KNOW 8	(SKIP TO 618) ←	DON'T KNOW 8	(SKIP TO 618) ←

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
609	<p>CHECK 467: CURRENTLY BREASTFEEDING?</p> <p>YES <input type="checkbox"/> NO/ NOT ASKED <input type="checkbox"/></p> <p>a) Now I would like to know how much (NAME) was given to drink during the diarrhea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p> <p>b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>
610	<p>When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>
611	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 615) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 615) ←</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
612	<p>Where did you seek advice or treatment? Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR GOVERNMENT HOSPITAL . . . A REFERRAL HEALTH CENTRE B MCH/HC C PRIMARY HEALTH UNIT (PHU D MOBILE CLINIC E CHW F OTHER PUBLIC SECTOR _____ (SPECIFY) G</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/DOCTOR/ CLINIC H PHARMACY I OTHER PRIVATE MEDICAL SECTOR _____ (SPECIFY) J</p> <p>OTHER SOURCE SHOP K TRADITIONAL PRACTITIONER L MARKET M ITINERANT DRUG SELLER N OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVERNMENT HOSPITAL . . . A REFERRAL HEALTH CENTRE B MCH/HC C PRIMARY HEALTH UNIT (PHU D MOBILE CLINIC E CHW F OTHER PUBLIC SECTOR _____ (SPECIFY) G</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/DOCTOR/ CLINIC H PHARMACY I OTHER PRIVATE MEDICAL SECTOR _____ (SPECIFY) J</p> <p>OTHER SOURCE SHOP K TRADITIONAL PRACTITIONER L MARKET M ITINERANT DRUG SELLER N OTHER _____ X (SPECIFY)</p>
613	CHECK 612:	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 615) ←</p>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 615) ←</p>
614	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 612.</p>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH		
		NAME _____	YES	NO	DK	NAME _____	YES	NO	DK
615	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:</p> <p>a) A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]?</p> <p>b) A pre-packaged ORS liquid?</p> <p>c) A government-recommended homemade fluid?</p> <p>d) Zinc tablets or syrup?</p>	<p>a) FLUID FROM ORS PACKET .. 1 2 8</p> <p>b) ORS LIQUID .. 1 2 8</p> <p>c) HOMEMADE FLUID 1 2 8</p> <p>d) ZINC 1 2 8</p>	<p>a) FLUID FROM ORS PACKET .. 1 2 8</p> <p>b) ORS LIQUID .. 1 2 8</p> <p>c) HOMEMADE FLUID 1 2 8</p> <p>d) ZINC 1 2 8</p>				
616	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>a) Was anything else given to treat the diarrhea? b) Was anything given to treat the diarrhea?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 618) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 618) ←</p> <p>DON'T KNOW 8</p>				
617	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>a) What else was given to treat the diarrhea? b) What was given to treat the diarrhea?</p> <p>Anything else? Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER _____ X (SPECIFY)</p>				
618	<p>Has (NAME) been ill with a fever at any time in the last 2 weeks?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 620) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 620) ←</p> <p>DON'T KNOW 8</p>				
619	<p>At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>				
620	<p>Has (NAME) had an illness with a cough at any time in the last 2 weeks?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>				
621	<p>Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 623) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 623) ←</p> <p>DON'T KNOW 8</p>				

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
622	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 624) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 624) ←
623	CHECK 618: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (SKIP TO 646) ←	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (SKIP TO 646) ←
624	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 629) ←	YES 1 NO 2 (SKIP TO 629) ←
625	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S). _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL .. A REFERRAL HEALTH CENTRE B MCH/HC C PRIMARY HEALTH UNIT (PHU D MOBILE CLINIC E CHW F OTHER PUBLIC SECTOR _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/DOCTOR/ CLINIC H PHARMACY I OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY) OTHER SOURCE SHOP K TRADITIONAL PRACTITIONER L MARKET M KORAN N OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVERNMENT HOSPITAL .. A REFERRAL HEALTH CENTRE B MCH/HC C PRIMARY HEALTH UNIT (PHU D MOBILE CLINIC E CHW F OTHER PUBLIC SECTOR _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/DOCTOR/ CLINIC H PHARMACY I OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY) OTHER SOURCE SHOP K TRADITIONAL PRACTITIONER L MARKET M KORAN N OTHER _____ X (SPECIFY)
626	CHECK 625:	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ↓ ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 628) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ↓ ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 628) ←

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
627	Where did you first seek advice or treatment? USE LETTER CODE FROM 625.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
629	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8
630	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	<p>ANTIMALARIAL DRUGS</p> <p>ARTEMISININ COMBINATION THERAPY (ACT)/ AI A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H</p> <p>OTHER ANTIMALARIAL _____ I (SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP J INJECTION/IV K</p> <p>OTHER DRUGS</p> <p>ASPIRIN L PANADOL/PARACETAMO... M IBUPROFEN N</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>ANTIMALARIAL DRUGS</p> <p>ARTEMISININ COMBINATION THERAPY (ACT)/ AI A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H</p> <p>OTHER ANTIMALARIAL _____ I (SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP J INJECTION/IV K</p> <p>OTHER DRUGS</p> <p>ASPIRIN L PANADOL/PARACETAMO... M IBUPROFEN N</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>
631	CHECK 630: ANY CODE A-I CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 646) ←	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 646) ←

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
632	CHECK 630: ARTEMISININ COMBINATION THERAPY ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 634) ←	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 634) ←
633	How long after the fever started did (NAME) first take an artemisinin combination therapy?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
634	CHECK 630: SP/FANSIDAR ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 636) ←	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 636) ←
635	How long after the fever started did (NAME) first take SP/Fansidar?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
636	CHECK 630: CHLOROQUINE ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 638) ←	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 638) ←
637	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
638	CHECK 630: AMODIAQUINE ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> (SKIP TO 640) ←	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> (SKIP TO 640) ←
639	How long after the fever started did (NAME) first take amodiaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
640	CHECK 630: QUININE ('E' OR 'F') GIVEN	CODE 'E' OR 'F' CIRCLED <input type="checkbox"/> CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO 642) ←	CODE 'E' OR 'F' CIRCLED <input type="checkbox"/> CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO 642) ←
641	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
642	CHECK 630: ARTESUNATE ('G' OR 'H') GIVEN	CODE 'G' OR 'H' CIRCLED <input type="checkbox"/> CODE 'G' OR 'H' NOT CIRCLED <input type="checkbox"/> (SKIP TO 644) ←	CODE 'G' OR 'H' CIRCLED <input type="checkbox"/> CODE 'G' OR 'H' NOT CIRCLED <input type="checkbox"/> (SKIP TO 644) ←
643	How long after the fever started did (NAME) first take artesunate?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
644	CHECK 630: OTHER ANTIMALARIAL ('I') GIVEN	CODE 'I' CIRCLED <input type="checkbox"/> CODE 'I' NOT CIRCLED <input type="checkbox"/> (SKIP TO 646) ←	CODE 'I' CIRCLED <input type="checkbox"/> CODE 'I' NOT CIRCLED <input type="checkbox"/> (SKIP TO 646) ←
645	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
646		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 647.	GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 647.

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
647	CHECK 615(a) AND 615(b), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/>	ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/>	649
648	Have you ever heard of a special product called [LOCAL NAME FOR ORS PACKET OR PRE-PACKAGED ORS LIQUID] you can get for the treatment of diarrhea?	YES 1 NO 2	
649	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2017-2019 LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> _____ (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓	NONE <input type="checkbox"/>	701

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
650	<p>Now I would like to ask you about liquids or foods that (NAME FROM 649) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. Did (NAME FROM 649) drink or eat:</p>	YES	NO	DK	
	a) Plain water?	a) 1	2	8	
	b) Juice or juice drinks?	b) 1	2	8	
	c) Clear broth (soup)?	c) 1	2	8	
	<p>d) Canned/powdered livestock milk? IF YES: How many times did (NAME) drink canned/powdered milk? IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>d) 1 NUMBER OF TIMES DRANK CANNED/ POWDERED MILK</p>	2	8	
	<p>e) Fresh livestock milk? IF YES: How many times did (NAME) drink fresh milk? IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>e) 1 NUMBER OF TIMES DRANK</p>	2	8	
	<p>f) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>f) 1 NUMBER OF TIMES DRANK</p>	2	8	
	g) Any other liquids?	g) 1	2	8	
	<p>h) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>h) 1 NUMBER OF TIMES ATE YOGURT</p>	2	8	
	i) Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, E.G., Cerelac]?	i) 1	2	8	
	j) Bread, dough, pancake, rice, noodles, porridge, or other foods made from grains?	j) 1	2	8	
	k) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	k) 1	2	8	
	l) White potatoes, white yams, manioc/cassava, or	l) 1	2	8	
	m) Any dark green, leafy vegetables?	m) 1	2	8	
	n) Ripe mangoes, papayas, orange, bananas, water	n) 1	2	8	
	o) Any other fruits or vegetables?	o) 1	2	8	
	p) Liver, kidney, heart, or other organ meats?	p) 1	2	8	
	q) Any meat, such as beef, lamb, goat, chicken?	q) 1	2	8	
	r) Eggs?	r) 1	2	8	
	s) Fresh or dried fish or shellfish?	s) 1	2	8	
	t) Any foods made from beans, peas, lentils, or nuts?	t) 1	2	8	
	u) Cheese or other food made from milk?	u) 1	2	8	
	v) Any other solid, semi-solid, or soft food?	v) 1	2	8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
651	CHECK 650 (CATEGORIES 'g' THROUGH 'v'): ALL ARE "NO" <input type="checkbox"/> AT LEAST ONE "YES" <input type="checkbox"/>		→ 653
652	Did (NAME FROM 649) 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) eat?	YES 1 (GO BACK TO 650 TO RECORD FOOD EATEN YESTERDAY) (THEN CONTINUE TO 653) NO 2	→ 654
653	How many times did (NAME FROM 649) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	
654	The last time (NAME FROM 649) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY)	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 226: PREGNANT <input type="checkbox"/> ↓ NOT PREGNANT OR UNSURE <input type="checkbox"/>	NOT PREGNANT OR UNSURE <input type="checkbox"/> → 703	703
702	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 704 → 710
703	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 706 → 711 → 709
704	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ a) How long would you like to wait from now before the birth of (a/another) child? b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	PREGNANT <input type="checkbox"/> ↓ MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 709 → 711 → 709
705	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ PREGNANT <input type="checkbox"/>	PREGNANT <input type="checkbox"/> → 710	710
706	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/> ↓ CURRENTLY USING <input type="checkbox"/>	CURRENTLY USING <input type="checkbox"/> → 711	711
707	CHECK 704: '24' OR MORE MONTHS OR '02' OR MORE YEARS <input type="checkbox"/> ↓ NOT ASKED <input type="checkbox"/>	'00-23' MONTHS OR '00-01' YEAR <input type="checkbox"/> → 711	711

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
708	<p>CHECK 703 & 704:</p> <p>WANTS TO WAIT <input type="checkbox"/> WANTS NO MORE/ SOMETIME BEFORE A/ANOTHER CHILD <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>a) You have said that you would like to wait for sometime before you get another child. Can you tell me why you are not using a method to prevent pregnancy?</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>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</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>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
709	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>NOT <input type="checkbox"/> YES, <input type="checkbox"/> ASKED CURRENTLY USING CURRENTLY USING</p>		→ 711
710	<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>	
711	<p>CHECK 216:</p> <p>HAS LIVING <input type="checkbox"/> NO LIVING <input type="checkbox"/> CHILDREN CHILDREN</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>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</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	→ 713 → 713
712	<p>How many of these children would you wish to be boys, how many would you wish to be girls and for how many would it not matter if it's a boy or a girl?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
713	In the last three months have you: a) Heard about birth spacing on the radio? b) Seen anything about birth spacing on the television? c) Read about birth spacing in a newspaper or magazine? d) Received a voice or text message about birth spacing on a mobile phone? e) Have you read about birth spacing on internet or social media? f) Have you heard about birth spacing from a health care worker/in the health facility?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) RADIO</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) TELEVISION</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) MOBILE PHONE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) SOCIAL MEDIA</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) HCWs/HF</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) NEWSPAPER OR MAGAZINE	1	2	d) MOBILE PHONE	1	2	e) SOCIAL MEDIA	1	2	f) HCWs/HF	1	2	
	YES	NO																						
a) RADIO	1	2																						
b) TELEVISION	1	2																						
c) NEWSPAPER OR MAGAZINE	1	2																						
d) MOBILE PHONE	1	2																						
e) SOCIAL MEDIA	1	2																						
f) HCWs/HF	1	2																						
714	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> NOT ASKED <input type="checkbox"/>	→ 716 → 717																						
715	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	<table border="0"> <tr> <td>MAINLY RESPONDENT</td> <td align="right">1</td> </tr> <tr> <td>MAINLY HUSBAND</td> <td align="right">2</td> </tr> <tr> <td>JOINT DECISION</td> <td align="right">3</td> </tr> <tr> <td>OTHER _____</td> <td align="right">6</td> </tr> <tr> <td align="center">(SPECIFY)</td> <td></td> </tr> </table>	MAINLY RESPONDENT	1	MAINLY HUSBAND	2	JOINT DECISION	3	OTHER _____	6	(SPECIFY)		→ 717											
MAINLY RESPONDENT	1																							
MAINLY HUSBAND	2																							
JOINT DECISION	3																							
OTHER _____	6																							
(SPECIFY)																								
716	Would you say that not using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	<table border="0"> <tr> <td>MAINLY RESPONDENT</td> <td align="right">1</td> </tr> <tr> <td>MAINLY HUSBAND</td> <td align="right">2</td> </tr> <tr> <td>JOINT DECISION</td> <td align="right">3</td> </tr> <tr> <td>OTHER _____</td> <td align="right">6</td> </tr> <tr> <td align="center">(SPECIFY)</td> <td></td> </tr> </table>	MAINLY RESPONDENT	1	MAINLY HUSBAND	2	JOINT DECISION	3	OTHER _____	6	(SPECIFY)													
MAINLY RESPONDENT	1																							
MAINLY HUSBAND	2																							
JOINT DECISION	3																							
OTHER _____	6																							
(SPECIFY)																								
717	Does your husband want the same number of children that you want, or does he want more or fewer than you want?	<table border="0"> <tr> <td>SAME NUMBER</td> <td align="right">1</td> </tr> <tr> <td>MORE CHILDREN</td> <td align="right">2</td> </tr> <tr> <td>FEWER CHILDREN</td> <td align="right">3</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	SAME NUMBER	1	MORE CHILDREN	2	FEWER CHILDREN	3	DON'T KNOW	8														
SAME NUMBER	1																							
MORE CHILDREN	2																							
FEWER CHILDREN	3																							
DON'T KNOW	8																							

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 119 & 120: CURRENTLY MARRIED <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	→ 809
802	How old was your husband on his last birthday? IF 95 OR MORE, RECORD '95'	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW AGE 98	
803	Did your husband ever attend school?	YES 1 NO 2 DON'T KNOW 8	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 8	→ 806
805	What was the highest [GRADE/FORM/YEAR] he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] <input type="text"/> <input type="text"/> DON'T KNOW 98	
806	Has your husband done any work in the last 7 days?	YES 1 NO 2 DON'T KNOW 8	→ 808
807	Has your husband done any work in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	→ 809
808	What is your husband's occupation? That is, what kind of work does he mainly do? NB- REFER TO THE INTERVIEWER'S MANUAL FOR THE CODES ON OCCUPATION	_____ _____ _____	<input type="text"/> <input type="text"/>
809	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 813
810	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or look after animals or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 813
811	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES 1 NO 2	→ 813
812	Have you done any work in the last 12 months?	YES 1 NO 2	→ 817
813	What is your main occupation? That is, what kind of work do you mainly do? NB- REFER TO THE INTERVIEWER'S MANUAL FOR THE CODES ON OCCUPATION	_____ _____ _____	<input type="text"/> <input type="text"/>

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
815	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
816	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
817	CHECK 119&120: CURRENTLY MARRIED <input type="checkbox"/> ↓ NOT IN UNION <input type="checkbox"/> →		825
818	CHECK 816: CODE '1' OR '2' CIRCLED <input type="checkbox"/> ↓ OTHER <input type="checkbox"/> →		821
819	Who usually decides how the money you earn will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 OTHER 6 (SPECIFY)	
820	Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND HAS NO EARNINGS 4 DON'T KNOW 8	822
821	Who usually decides how your husband's earnings will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 HUSBAND HAS NO EARNING 4 OTHER 6 (SPECIFY)	
822	Who usually makes decisions about health care for yourself: you, your husband, you and your husband jointly, or someone else?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 IN-LAWS 4 SOMEONE ELSE 5 OTHER 6	
823	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
824	When you are going out, who do you usually ask permission?	I GIVE MYSELF PERMISSION 1 MY HUSBAND 2 MYSELF AND MY HUSBAND JOINTL 3 SOMEONE ELSE 4 OTHER 6	
825	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 828
826	Do you have a title deed for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 828
827	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8	
828	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 901
829	Do you have a title deed for any land you own?	YES 1 NO 2 DON'T KNOW 8	→ 901
830	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8	

SECTION 9. HIV/AIDS & STIs

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 918																
902	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected wives who has no other wives?	YES 1 NO 2 DON'T KNOW 8																	
903	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
904	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																	
905	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8																	
906	Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
907	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8																	
908	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) DURING PREGNANCY ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) DURING DELIVERY</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) BREASTFEEDING</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) DURING PREGNANCY ..	1	2	8	b) DURING DELIVERY	1	2	8	c) BREASTFEEDING	1	2	8	
	YES	NO	DK																
a) DURING PREGNANCY ..	1	2	8																
b) DURING DELIVERY	1	2	8																
c) BREASTFEEDING	1	2	8																
909	CHECK 908: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AT LEAST ONE 'YES' <input type="checkbox"/> </div> <div style="text-align: center;"> OTHER <input type="checkbox"/> </div> </div>		→ 911																
910	Are there any special drugs 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																	
911	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																	
912	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																	
913	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																	
914	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																	
915	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																	
916	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE 1 DISAGREE 2 DON'T KNOW/NOT SURE/DEPENDS 8																	

SECTION 9. HIV/AIDS & STIs

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
917	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES 1 NO 2 SAYS SHE HAS HIV 3 DON'T KNOW/NOT SURE/DEPENDS 8	
918	CHECK 901: HEARD ABOUT HIV OR AIDS <input type="checkbox"/> NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/> 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	
919	CHECK 918: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 926
920	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	
921	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	
922	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	
923	CHECK 920, 921, AND 922: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 926
924	The last time you had (PROBLEM FROM 920/921/922), did you seek any kind of advice or	YES 1 NO 2	→ 926
925	Where did you go? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL A REFERRAL HEALTH CENTRE B MCH/HC C PRIMARY HEALTH UNIT (PHU) D MOBILE CLINIC E OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/DOCTOR/ CLINIC G PHARMACY H OTHER PRIVATE MEDICAL SECTOR _____ I (SPECIFY) OTHER SOURCE SHOP J OTHER _____ X (SPECIFY)	
926	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1001	<p>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?</p> <p>IF YES: How many injections have you had?</p> <p>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.</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1004															
1002	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>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.</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1004															
1003	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																
1004	<p>Do you currently smoke cigarettes every day, some days, or not at all?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	→ 1006															
1005	<p>On average, how many cigarettes do you currently smoke each day?</p>	<p>NUMBER OF CIGARETTES <input type="text"/> <input type="text"/></p>																
1006	<p>Do you currently smoke or use any other type of tobacco every day, some days, or not at all?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	→ 1008															
1007	<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 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>																
1008	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem:</p> <p>a) Getting permission to go to the doctor?</p> <p>b) Getting money needed for advice or treatment?</p> <p>c) The distance to the health facility?</p> <p>d) Not wanting to go alone?</p>	<table border="0"> <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																
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c) DISTANCE	1	2																
d) GO ALONE	1	2																

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
1009	Are you covered by any health insurance?	YES 1 NO 2	→ 1011		
1010	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER _____ X (SPECIFY)			
1011	FISTULA Sometimes a woman can have a problem of constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after pelvic surgery. Have you ever experienced a constant leakage of urine or stool from your vagina during the day and night?	YES 1 NO 2	→ 1013		
1012	Have you ever heard of this problem?	YES 1 NO 2	→ 1101		
1013	Did this problem start after you delivered a baby or had a stillbirth?	AFTER DELIVERED BABY 1 AFTER HAD STILLBIRTH 2 NEITHER 3	→ 1016		
1014	Did this problem start after a normal labor and delivery, or after a very difficult labor and delivery?	NORMAL LABOR/DELIVERY 1 VERY DIFFICULT LABOR/DELIVERY 2			
1015	How many days after delivery did the leakage start? ENTER '90' IF 90 DAYS OR MORE.	NUMBER OF DAYS AFTER DELIVERY/OTHER EVENT <table border="1" data-bbox="1209 1102 1323 1144" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
1016	Have you sought treatment for this condition?	YES 1 NO 2	→ 1018		
1017	Why have you not sought treatment? PROBE AND RECORD ALL MENTIONED.	DO NOT KNOW CAN BE FIXED A DO NOT KNOW WHERE TO GO B TOO EXPENSIVE C TOO FAR D POOR QUALITY OF CARE E COULD NOT GET PERMISSION F EMBARRASSMENT G OTHER _____ X (SPECIFY)	→ 1101		
1018	From whom did you last seek treatment?	HEALTH PROFESSIONAL DOCTOR 1 CLINICAL OFFICER 2 NURSE/MIDWIFE 3 OTHER PERSON COMMUNITY/VILLAGE HEALTH WORKER 4 HERBALIST 5 OTHER _____ 6 (SPECIFY)			
1019	Did you have an operation to fix the problem?	YES 1 NO 2			
1020	Did the treatment stop the leakage completely? IF NO: Did the treatment reduce the leakage?	YES, STOPPED COMPLETELY 1 NOT STOPPED BUT REDUCED 2 NOT STOPPED AT ALL 3 DID NOT RECEIVE TREATMENT 4			

SECTION 11. FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	Now I would like to ask some questions about a practice known as female circumcision. Have you ever heard of female circumcision?	YES 1 NO 2	→ 1103
1102	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES 1 NO 2	→ 1201
1103	Have you yourself ever been circumcised?	YES 1 NO 2	→ 1109
1104	What type of circumcision did you undergo?	SUNN 1 INTERMEDIATE 2 PHARAONIC 3 DON'T KNOW 8	
1105	Please describe what was exactly done CIRCLE ONLY ONE OPTION a) Excision of the clitoral hood (prepuce), with or without excision of part or all of the clitoris b) Excision of the clitoris with partial or total excision of the labia minora c) Excision of part or all of the external genitalia and stitching/ narrowing of the vaginal opening d) All other procedures that involve pricking, piercing, stretching or incising of the clitoris and/or labia; introduction of corrosive substances into the vagina to narrow it	TYPE I 1 TYPE II 2 TYPE III 3 TYPE IV 4 DON'T KNOW 8	
1106	How old were you when you were circumcised? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> AS A BABY/DURING INFANCY 95 DON'T KNOW 98	
1107	Who performed the circumcision?	TRADITIONAL TRAD. CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 CLINICAL OFFICER 22 NURSE/MIDWIFE 23 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	
1108	CHECK 213, 215 AND 216: HAS ONE OR MORE LIVING DAUGHTERS BORN IN 2007 OR LATER <input type="checkbox"/>	HAS NO LIVING DAUGHTERS BORN IN 2007 OR LATER <input type="checkbox"/>	→ 1116

SECTION 11. FEMALE CIRCUMCISION

1109	<p>CHECK 213, 215 AND 216: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 2007 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE DAUGHTERS. BEGIN WITH THE YOUNGEST DAUGHTER. (IF THERE ARE MORE THAN 3 DAUGHTERS, USE ADDITIONAL QUESTIONNAIRES).</p> <p>Now I would like to ask you some questions about your (daughter/daughters).</p>			
1111	<p>BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 2007 OR LATER.</p>	<p align="center">YOUNGEST LIVING DAUGHTER</p> <p>BIRTH HISTORY NUMBER .. <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p align="center">NEXT-TO-YOUNGEST LIVING DAUGHTER</p> <p>BIRTH HISTORY NUMBER .. <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p align="center">SECOND-TO-YOUNGEST LIVING DAUGHTER</p> <p>BIRTH HISTORY NUMBER .. <input type="text"/> <input type="text"/></p> <p>NAME _____</p>
1112	<p>Is (NAME OF DAUGHTER) circumcised?</p>	<p>YES 1 NO 2</p> <p>(GO TO 1112 IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1116)</p>	<p>YES 1 NO 2</p> <p>(GO TO 1112 IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1116)</p>	<p>YES 1 NO 2</p> <p>(GO TO 1112 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1116)</p>
1113	<p>How old was (NAME OF DAUGHTER) when she was circumcised?</p> <p>IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN</p> <p>RECORD '00' IF LESS THAN A YEAR</p>	<p>AGE IN COMPLETED YRS .. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>AGE IN COMPLETED YRS .. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>AGE IN COMPLETED YRS .. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>
1114	<p>Was her genital area sewn closed?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>
1115	<p>Who performed the circumcision?</p>	<p>TRADITIONAL TRADITIONAL CIRCUMCISER .. 11 TRAD. BIRTH ATTENDANT .. 12 OTHER TRAD. _____ 16 (SPECIFY)</p> <p>HEALTH PROFESSIONAL DOCTOR 21 CLINICAL OFFICER .. 22 NURSE/MIDWIFE .. 23 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>TRADITIONAL TRADITIONAL CIRCUMCISER .. 11 TRAD. BIRTH ATTENDANT .. 12 OTHER TRAD. _____ 16 (SPECIFY)</p> <p>HEALTH PROFESSIONAL DOCTOR 21 CLINICAL OFFICER .. 22 NURSE/MIDWIFE .. 23 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>TRADITIONAL TRADITIONAL CIRCUMCISER .. 11 TRAD. BIRTH ATTENDANT .. 12 OTHER TRAD. _____ 16 (SPECIFY)</p> <p>HEALTH PROFESSIONAL DOCTOR 21 CLINICAL OFFICER .. 22 NURSE/MIDWIFE .. 23 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY)</p> <p>DON'T KNOW 98</p>
1115		<p>GO BACK TO 1111 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1116)</p>	<p>GO BACK TO 1111 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1116)</p>	<p>GO TO 1111 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1116)</p>
1116	<p>Do you believe that female circumcision is required by your religion?</p>		<p>YES 1 NO 2 DON'T KNOW 8</p>	
1117	<p>Do you think that female circumcision should be continued, or should it be stopped?</p>		<p>CONTINUED 1 STOPPED 2 DEPENDS 3 DON'T KNOW 8</p>	

SECTION 12. MATERNAL DEATHS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1201	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>						
1202	CHECK 1201: TWO OR MORE BIRTHS <input type="checkbox"/>	ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>						1301
1203	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
1204	What was the name given to your (oldest/ next oldest) brother or sister?	(1)	(2)	(3)	(4)	(5)	(6)	
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1206	Is (NAME) still alive?	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 2)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 3)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 4)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 5)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 6)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 7)	
1207	How old is (NAME)? RECORD '00' IF LESS THAN ONE YEAR	<input type="text"/> <input type="text"/> (GO TO 2)	<input type="text"/> <input type="text"/> (GO TO 3)	<input type="text"/> <input type="text"/> (GO TO 4)	<input type="text"/> <input type="text"/> (GO TO 5)	<input type="text"/> <input type="text"/> (GO TO 6)	<input type="text"/> <input type="text"/> (GO TO 7)	
1208	How many years ago did (NAME) die? RECORD '00' IF LESS THAN ONE YEAR	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1209	How old was (NAME) when (he/she) died?	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 2)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 3)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 4)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 5)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 6)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS OR AFTER 49 YRS GO TO 7)	
1210	Was (NAME) pregnant when she died?	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	

1211	Did (NAME) die during childbirth?	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	
1212	Did (NAME) die within six weeks after the end of a pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	
1213	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1214	IF NO MORE BROTHERS OR SISTERS, GO TO 1301.							
1204	What was the name given to your (oldest/next oldest) brother or sister?	(7)	(8)	(9)	(10)	(11)	(12)	
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1206	Is (NAME) still alive?	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 8)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 9)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 10)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 11)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 12)	YES 1 NO 2 ↓ (SKIP TO 1208) DK 8 ↓ (GO TO 13)	
1207	How old is (NAME)? RECORD '00' IF LESS THAN ONE YEAR	<input type="text"/> <input type="text"/> (GO TO 8)	<input type="text"/> <input type="text"/> (GO TO 9)	<input type="text"/> <input type="text"/> (GO TO 10)	<input type="text"/> <input type="text"/> (GO TO 11)	<input type="text"/> <input type="text"/> (GO TO 12)	<input type="text"/> <input type="text"/> (GO TO 13)	
1208	How many years ago did (NAME) die? RECORD '00' IF LESS THAN ONE YEAR	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

1209	How old was (NAME) when (he/she) died?	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS GO TO 0)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS GO TO 0)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS GO TO 10)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS GO TO 11)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS GO TO 12)	<input type="text"/> <input type="text"/> (IF MALE OR DIED BEFORE 12 YRS GO TO 13)	
1210	Was (NAME) pregnant when she died?	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	
1211	Did (NAME) die during childbirth?	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	YES 1 ↓ (SKIP TO 1213) NO 2	
1212	Did (NAME) die within six weeks after the end of a pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	
1213	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1214	IF NO MORE BROTHERS OR SISTERS, GO TO 1301.							

SECTION 13. GENDER BASED VIOLENCE (GBV)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																				
1301	<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="right">—————→ 1331</p>																																																					
1302	<p>READ TO THE RESPONDENT: 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 in your country. 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>																																																						
1303	<p>First I am going to ask you about your understanding of domestic violence. What does domestic violence mean to you? Does it mean:</p> <p>a) Physical abuse? b) No participation in decision-making for household? c) No participation in decision-making for children? d) Better treatment of males than females? e) Failing to meet basic living costs? f) Denial of education? g) Forced marriage? h) Rape? i) Sexual harassment? j) Denial of inheritance?</p> <p>k) Other</p>	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> <th align="center">DK</th> </tr> </thead> <tbody> <tr> <td>ABUSE</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>HH DECISION</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>CHILDREN DECISION ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>BETTER TREATMENT ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>NO LIVING COSTS</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>EDU DENIAL</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>FORCED MARRIAG.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>RAPE</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>SEX HARASSMENT.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>FORCED LABOUR</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>OTHER _____</td> <td align="center">1</td> <td align="center">2</td> <td></td> </tr> <tr> <td align="center" colspan="4">(SPECIFY)</td> </tr> </tbody> </table>		YES	NO	DK	ABUSE	1	2	8	HH DECISION	1	2	8	CHILDREN DECISION ..	1	2	8	BETTER TREATMENT ..	1	2	8	NO LIVING COSTS	1	2	8	EDU DENIAL	1	2	8	FORCED MARRIAG.....	1	2	8	RAPE	1	2	8	SEX HARASSMENT.....	1	2	8	FORCED LABOUR	1	2	8	OTHER _____	1	2		(SPECIFY)				
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(SPECIFY)																																																							
1304	<p>Who is the person who commits the most violent acts against women in the community?</p>	<p>HUSBAND A MOTHER/STEP-MOTHER B FATHER/STEP-FATHE C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F IN-LAWS G TEACHER H EMPLOYER/SOMEONE AT WOR!..... I POLICE/SOLDIER J</p> <p>OTHER _____ K (SPECIFY)</p>																																																					
1305	<p>Where do most violent acts take place?</p>	<p>AT HOME 1 WORKPLACI..... 2 STREET 3 SCHOOL 4 WATER POINT 5 RURAL/GRAZING AREAS 6 MARKET PLACE 7 NEIGHBOURHOOD 9</p> <p>OTHER _____ 96 (SPECIFY)</p>																																																					
1306	<p>CHECK 119 & 120</p> <p align="center">CURRENTLY MARRIED OR <input type="checkbox"/> DIVORCED/ABANDONED ↓</p>	<p align="center">WIDOWED <input type="checkbox"/> —————→ 1318</p>																																																					

1307	<p>In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>a) If she goes out without telling him? b) If she neglects the children? c) If she neglects household duties including cooking? d) If she argues with him? e) If she wastes resources? g) If she refuses to have sex with him?</p>	<p>YES NO DK</p> <p>a) GOES OUT 1 2 8 b) NEGLECTS CHILDREN 1 2 8 c) NEG. HH DUTIES 1 2 8 d) ARGUES 1 2 8 e) WASTES RESOURCES 1 2 8 e) REFUSES SEX 1 2 8</p>																																																																		
1308	<p>Now, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your current (former) husband?</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?</p>	<p>YES NO DK</p> <p>JEALOUS 1 2 8 ACCUSES 1 2 8 NOT MEET FRIENDS .. 1 2 8 NO FAMILY 1 2 8 WHERE YOU ARE 1 2 8</p>																																																																		
1309	<p>Now I need to ask some more questions about your relationship with your (last) husband.</p> <p>A. Did your (last) husband ever:</p> <p>a) Say or do something to humiliate you in front of others? b) Threaten to hurt or harm you or someone you care about? c) Insult you or make you feel bad about yourself?</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="760 934 1339 1323"> <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>YES</td> <td>1</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES	1	→ 1	2	3	NO	2					↓				YES	1	→ 1	2	3	NO	2					↓				YES	1	→ 1	2	3	NO	2					↓																			
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1310	<p>A. Did your (last) husband ever do any of the following things to you:</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>																																																																		
	<p>a) Slap you, push you, shake you, or throw something at you? b) Twist your arm or pull your hair? c) Punch you with his fist or with something that could hurt you? d) Kick you, drag you, or beat you up?</p>	<table border="1" data-bbox="760 1459 1339 1850"> <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>YES</td> <td>1</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES	1	→ 1	2	3	NO	2					↓				YES	1	→ 1	2	3	NO	2					↓				YES	1	→ 1	2	3	NO	2					↓				YES	1	→ 1	2	3	NO	2					↓				
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	e) Try to choke you or burn you on purpose?	YES 1 NO 2	↓	→	1	2	3	
	f) Threaten or attack you with a knife, gun, or other weapon?	YES 1 NO 2	↓	→	1	2	3	
	g) Physically force you to have sexual intercourse with him when you did not	YES 1 NO 2	↓	→	1	2	3	
1311	CHECK 1310 (a-g):	AT LEAST ONE <input type="checkbox"/> 'YES' NOT A SINGLE <input type="checkbox"/> 'YES'		→				1314
1312	How long after you first got married with your (last) husband did (this/any of these things) first happen?	NUMBER OF YEARS		→	<input type="text"/> <input type="text"/>			
	IF LESS THAN ONE YEAR, RECORD '00'.	BEFORE MARRIAGE		→	95			
1313	Did the following ever happen as a result of what your (last) husband did to you:			→				
	a) You had cuts, bruises, or aches?	YES	.....	→	1			
		NO	.....	→	2			
	b) You had eye injuries, sprains, dislocations, or burns?	YES	.....	→	1			
		NO	.....	→	2			
	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES	.....	→	1			
		NO	.....	→	2			
1314	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband at times when he was not already beating or physically hurting you?	YES	.....	→	1			
		NO	.....	→	2		→ 1316	
1315	In the last 12 months, how often have you done this to your (last) husband: often, only sometimes, or not at all?	OFTEN	.....	→	1			
		SOMETIMES	.....	→	2			
		NEVER	.....	→	3			
1316	Are (Were) you afraid of your (last) husband: most of the time, sometimes, or never?	MOST OF THE TIME AFRAID	.....	→	1			
		SOMETIMES AFRAID	.....	→	2			
		NEVER AFRAID	.....	→	3			
1317	CHECK121:	MARRIED MORE <input type="checkbox"/> THAN ONCE MARRIED ONCE <input type="checkbox"/>		→				1318
	A. So far we have been talking about the behavior of your (current/last) husband. Now I want to ask you about the behavior of any previous husband.			→	B. How long ago did this last happen?			
		EVER		→	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	
	a) Did any previous husband ever hit, slap, kick, or do anything else to hurt you physically?	YES 1 NO 2	↓	→	1	2	3	
	b) Did any previous husband physically force you to have intercourse or perform any other sexual acts against your will?	YES 1 NO 2	↓	→	1	2	3	

1318	<p>CHECK119 &120:</p> <p>CURRENTLY <input type="checkbox"/> MARRIED ↓</p> <p>NOT IN UNION <input type="checkbox"/> ↓</p> <p>a) From the time you were 12 years old has anyone other than your husband hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> <p>b) From the time you were 12 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ 1321</p>
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1319	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 MOTHER-IN-LAW F FATHER-IN-LAW G OTHER IN-LAW H NEIGHBOUR I TEACHER J EMPLOYER/SOMEONE AT WORK K POLICE/SOLDIER L MILITIA/GANGS M OTHER _____ X (SPECIFY)	
1320	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	
1321	CHECK 201, 226, AND 230: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> EVER BEEN PREGNANT ('YES' ON 201 OR 226 OR 230) <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NEVER BEEN PREGNANT <input type="checkbox"/> → 1324 </div> </div>		
1322	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ 1324
1323	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAN A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAN G MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J NEIGHBOUR K TEACHER L EMPLOYER/SOMEONE AT WORK M POLICE/SOLDIER N MILITIA/GANGS O OTHER _____ X (SPECIFY)	

1324	CHECK119&120: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> CURRENTLY MARRIED <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NOT IN UNION <input type="checkbox"/> ↓ </div> </div> <p>a) In the last 12 months, has anyone raped you?</p> <p>b) In the last 12 months has anyone physically forced you to have sexual intercourse?</p>	YES 1 NO 2	→ 1326																
1325	CHECK 1310 (a-g) and 1317 (a,b), 1322: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> AT LEAST ONE 'YES' <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NOT A SINGLE 'YES' <input type="checkbox"/> </div> </div>		→ 1329																
1326	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	→ 1329																
1327	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND'S FAMIL' B CURRENT/FORMER HUSBAND C FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION .. K OTHER _____ X (SPECIFY)	→ 1329																
1328	Have you ever told any one about this?	YES 1 NO 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																			
1329	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="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES, ONCE</th> <th style="text-align: center;">YES, MORE THAN ONCE</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>OTHER MALE ADUL'</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>FEMALE ADULT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADUL'	1	2	3	FEMALE ADULT	1	2	3	
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1330	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. <hr/> <hr/> <hr/>																		
1331	RECORD THE TIME YOU END THE INTERVIEW.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS

INSTRUCTIONS:

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

CODES FOR EACH COLUMN:

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

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 IUD
- 2 INJECTABLES
- 3 IMPLANTS
- 4 PILL
- 5 CONDOM
- 6 FEMALE CONDOM
- 7 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 DISAPPROVED
 - 4 WANTED MORE EFFECTIVE METHOD
 - 5 SIDE EFFECTS/HEALTH CONCERNS

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

			COL. 1	COL. 2	
	12	DEC	01		
	11	NOV	02		
	10	OCT	03		
	09	SEP	04		
2	08	AUG	05		2
0	07	JUL	06		0
1	06	JUN	07		1
9	05	MAY	08		9
	04	APR	09		
(1)	03	MAR	10		
	02	FEB	11		
	01	JAN	12		
<hr/>					
	12	DEC	13		
	11	NOV	14		
	10	OCT	15		
	09	SEP	16		
2	08	AUG	17		2
0	07	JUL	18		0
1	06	JUN	19		1
8	05	MAY	20		8
	04	APR	21		
	03	MAR	22		
	02	FEB	23		
	01	JAN	24		
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	12	DEC	25		
	11	NOV	26		
	10	OCT	27		
	09	SEP	28		
2	08	AUG	29		2
0	07	JUL	30		0
1	06	JUN	31		1
7	05	MAY	32		7
	04	APR	33		
	03	MAR	34		
	02	FEB	35		
	01	JAN	36		
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	12	DEC	37		
	11	NOV	38		
	10	OCT	39		
	09	SEP	40		
2	08	AUG	41		2
0	07	JUL	42		0
1	06	JUN	43		1
6	05	MAY	44		6
	04	APR	45		
	03	MAR	46		
	02	FEB	47		
	01	JAN	48		
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	12	DEC	49		
	11	NOV	50		
	10	OCT	51		
	09	SEP	52		
2	08	AUG	53		2
0	07	JUL	54		0
1	06	JUN	55		1
5	05	MAY	56		5
	04	APR	57		
	03	MAR	58		
	02	FEB	59		
	01	JAN	60		
<hr/>					
	12	DEC	61		
	11	NOV	62		
	10	OCT	63		
	09	SEP	64		
2	08	AUG	65		2
0	07	JUL	66		0
1	06	JUN	67		1
4	05	MAY	68		4
	04	APR	69		
	03	MAR	70		
	02	FEB	71		
	01	JAN	72		

(1) Year of fieldwork is assumed to be 2019. For fieldwork beginning in 2020, all references to calendar years should be increased by one; for example, 2013 should be changed to 2014, 2014 should be changed to 2015, 2015 should be changed to 2016, and similarly for all years throughout the questionnaire.

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