

**DEMOGRAPHIC AND HEALTH SURVEY III -- RWANDA 2005
HOUSEHOLD QUESTIONNAIRE**

MINECOFIN /
DEPARTMENT OF STATISTICS

REPUBLIC OF RWANDA

IDENTIFICATION																	
PLACE NAME _____	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																
NAME HOUSEHOLD HEAD _____																	
PROVINCE _____																	
DISTRICT																	
CLUSTER NUMBER																	
STRUCTURE NUMBER																	
HOUSEHOLD NUMBER																	
URBAN/RURAL (URBAN=1, RURAL=2)																	
KIGALI CITY / OTHER TOWNS/ RURAL (KIGALI =1, Other towns =2, Rural =3)																	
HOUSEHOLD SELECTED FOR MALE INTERVIEW, HOUSEHOLD RELATIONS (SECTION X WOMEN)/HIV/ANEMIA TEST/ANTHROPOMETRIC MEASUREMENTS (YES=1, NO = 2) = 1	<input type="checkbox"/>																
HOUSEHOLD NOT SELECTED FOR MALE INTERVIEW, ETC. = 2																	

INTERVIEWER VISITS														
	1	2	3	VISITE FINALE										
DATE	_____	_____	_____	DAY <table border="1"><tr><td></td><td></td></tr></table> MONTHS <table border="1"><tr><td></td><td></td></tr></table> YEAR <table border="1"><tr><td>2</td><td>0</td><td>0</td></tr></table> CODE <table border="1"><tr><td></td><td></td></tr></table> RESULT <table border="1"><tr><td></td></tr></table>					2	0	0			
2	0	0												
INTERVIEWER'S NAME	_____	_____	_____											
RESULT*	_____	_____	_____											
NEXT VISIT : DATE	_____	_____		TOTAL NBR OF VISITS <input type="checkbox"/>										
	_____	_____												
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <input type="checkbox"/> TOTAL ELIGIBLE WOMEN <input type="checkbox"/> TOTAL ELIGIBLE MEN <input type="checkbox"/> LINE NO. OF RESP. TO HOUSEHOLD QUEST. <input type="checkbox"/>										
TEAM LEADER	FIELD CONTROLLER		OFFICE EDITOR	KEYED BY										
NAME _____ <input type="checkbox"/>	NAME _____ <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>										
DATE _____	DATE _____													

HOUSEHOLD SCHEDULE

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE				AGE	CHRONIC ILLNESS		ELIGIBILITY			
				Does (NAME) usually live here?		Did (NAME) stay here last night?			How old is (NAME)?	IF AGE 18-59 YEARS IF COL(5)=2GO TO COL (8)	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CHECK IF THE HOUSEHOLD IS SELECTED FOR MALE INTERVIEW:		
(1)	(2)	(3)	M	F	YES	NO	YES	NO	IN YEARS	YES		NO	(8)	(9)	(9a)
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?											
								IF LESS THAN ONE YEAR, RECORD '00'		Has (NAME) been very ill for at least 3 months in the last 12 months? By 'very sick' I mean has (NAME) been too sick to work or to carry out his/her normal activities at home?				
								IF 95 YEARS OR MORE RECORD '95'.						
01			1	2	1	2	1	2		1	2	01	01	01
02			1	2	1	2	1	2		1	2	02	02	02
03			1	2	1	2	1	2		1	2	03	03	03
04			1	2	1	2	1	2		1	2	04	04	04
05			1	2	1	2	1	2		1	2	05	05	05
06			1	2	1	2	1	2		1	2	06	06	06
07			1	2	1	2	1	2		1	2	07	07	07
08			1	2	1	2	1	2		1	2	08	08	08
09			1	2	1	2	1	2		1	2	09	09	09
10			1	2	1	2	1	2		1	2	10	10	10

* CODES FOR Q.3
 RELATIONSHIP TO HEAD OF HOUSEHOLD:
 01 = HEAD
 02 = WIFE OR HUSBAND
 03 = SON OR DAUGHTER
 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
 05 = GRANDCHILD
 06 = PARENT

07 = PARENT-IN-LAW
 08 = BROTHER OR SISTER
 09 = CO-WIFE
 10 = OTHER RELATIVE
 11 = STEPCHILD
 12 = ADOPTED/FOSTER
 13 = NOT RELATED
 98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**						IF AGED 0-4 YEARS	
	Is (NAME)'s natural mother alive? IF NO OR DK, GO TO Q 12	IF ALIVE		Is (NAME)'s natural father alive? IF NO OR DK, GO TO Q 13B	IF ALIVE		BIRTH REGISTRATION	
Does (NAME)'s natural mother live in this house-hold? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER THEN GO TO Q 12		IF MOTHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s mother been very sick for at least three months during the past 12 months? By very sick, I mean that she was too sick to work or do normal activities around the house for at least three of the past 12 months.	Does (NAME)'s natural father live in this house-hold? IF YES: What is his name? RECORD FATHER'S LINE NUMBER THEN GO TO Q 13B		IF FATHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s father been very sick for at least three months during the past 12 months? By very sick, I mean that he was too sick to work or do normal activities around the house for at least three of the past 12 months.	Does [NAME] have a birth certificate? IF YES GO TO Q14	Was the birth of [NAME] declared with the vital statistics office?	
	(10)	(11)	(11A)	(12)	(13)	(13A)	(13B)	(13C)
	YES NO DK		YES NO DK	YES NO DK		YES NO DK	YES NO DK	YES NO DK
01	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
02	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
03	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
04	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
05	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
06	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
07	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
08	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
09	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
10	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8

** Q. 10 TO Q.13A

THESE QUESTIONS CONCERN BIOLOGICAL PARENTS OF THE CHILD.

IN Q.11 AND Q.13, RECORD '00' IF THE PARENTS ARE NOT MEMBERS OF THE HOUSEHOLD.

EDUCATION										
LINE NO.	IF AGE 3 YEARS OR OLDER					IF AGE 3-24 YEARS				
	Has (NAME) ever attended school	What is the highest level of school (NAME) has attended?*** What is the highest grade (NAME) completed at that level?***	Is (NAME) currently attending school?	During the current school year (2005), did (NAME) attend school at any time ?	During the current school year (2005), what level and grade [is/was] (NAME) attending ?***	During the previous school year (2003-2004), did (NAME) attend school at any time ?	During the school year (2003-2004), what level and grade did (NAME) attend ?***			
	(14)	(15)	(16)	(17)	(18)	(19)	(20)			
	YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE			
01	1 NEXT LINE 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>	1 ↙ GO TO 18 2	1 GO TO 19 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>	1 NEXT LINE 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>			
02	1 NEXT LINE 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>	1 ↙ GO TO 18 2	1 GO TO 19 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>	1 NEXT LINE 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>			
03	1 NEXT LINE 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>	1 ↙ GO TO 18 2	1 GO TO 19 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>	1 NEXT LINE 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>			
04	1 NEXT LINE 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>	1 ↙ GO TO 18 2	1 GO TO 19 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>	1 NEXT LINE 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>			
05	1 NEXT LINE 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>	1 ↙ GO TO 18 2	1 GO TO 19 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>	1 NEXT LINE 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>			
06	1 NEXT LINE 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>	1 ↙ GO TO 18 2	1 GO TO 19 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>	1 NEXT LINE 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>			
07	1 NEXT LINE 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>	1 ↙ GO TO 18 2	1 GO TO 19 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>	1 NEXT LINE 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>			
08	1 NEXT LINE 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>	1 ↙ GO TO 18 2	1 GO TO 19 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>	1 NEXT LINE 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>			
09	1 NEXT LINE 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>	1 ↙ GO TO 18 2	1 GO TO 19 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>	1 NEXT LINE 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>			
10	1 NEXT LINE 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>	1 ↙ GO TO 18 2	1 GO TO 19 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>	1 NEXT LINE 2 ↙↘	<input type="checkbox"/> <input type="checkbox"/>			

***CODES POUR Q.15, 18 ET 20

EDUCATION LEVEL :

0 = NURSERY

1 = ANCIENT PRIMARY OR NEW SYSTEM (6YEARS)

2= REFORMED PRIMARY (8 YEARS)

3 = POST-PRIMAIRY /CERAR /FAMILIAL /CERAI

4 = SECONDARY

5 = TERTIARY

8 = DON'T KNOW

EDUCATION GRADE:

0 = LESS THAN 1 YEAR COMPLETED

8 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	CHRONIC ILLNESS	ELIGIBILITY					
				Does (NAME) usually live here?	Did (NAME) stay here last night?			How old is (NAME)?	IF AGE 18-59 YEARS IF COL(5)=2GO TO COL (8)	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CHECK IF THE HOUSEHOLD IS SELECTED FOR MALE INTERVIEW:		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(7a)	(8)	(9)	(9a)			
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	YES	NO	YES	NO	IN YEARS	YES	NO			
11		<input type="text"/>	H F	1 2	1 2	1 2	1 2	<input type="text"/>	1 2	1 2	11	11	11
12		<input type="text"/>		1 2	1 2	1 2	1 2	<input type="text"/>	1 2	1 2	12	12	12
13		<input type="text"/>		1 2	1 2	1 2	1 2	<input type="text"/>	1 2	1 2	13	13	13
14		<input type="text"/>		1 2	1 2	1 2	1 2	<input type="text"/>	1 2	1 2	14	14	14
15		<input type="text"/>		1 2	1 2	1 2	1 2	<input type="text"/>	1 2	1 2	15	15	15
16		<input type="text"/>		1 2	1 2	1 2	1 2	<input type="text"/>	1 2	1 2	16	16	16
17		<input type="text"/>		1 2	1 2	1 2	1 2	<input type="text"/>	1 2	1 2	17	17	17
18		<input type="text"/>		1 2	1 2	1 2	1 2	<input type="text"/>	1 2	1 2	18	18	18
19		<input type="text"/>		1 2	1 2	1 2	1 2	<input type="text"/>	1 2	1 2	19	19	19
20		<input type="text"/>		1 2	1 2	1 2	1 2	<input type="text"/>	1 2	1 2	20	20	20

* CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT

07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/STEPCHILD
12 = NOT RELATED
13 = NO PARENTS
98 = DON'T KNOW

N ^o . LINE	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**						IF AGED 0-4 YEARS	
	Is (NAME)'s natural mother alive? IF NO OR DK GO TO Q 12	IF ALIVE		Is (NAME)'s natural father alive? IF NO OR DK GO TO Q 13B	IF ALIVE		BIRTH REGISTRATION	
Does (NAME)'s natural mother live in this house-hold? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER THEN GO TO Q 12		IF MOTHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s mother been very sick for at least three months during the past 12 months? By very sick, I mean that she was too sick to work or do normal activities around the house for at least three of the past 12 months.	Does (NAME)'s natural father live in this house-hold? IF YES: What is his name? RECORD FATHER'S LINE NUMBER THEN GO TO 13B		IF FATHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s father been very sick for at least three months during the past 12 months? By very sick, I mean that he was too sick to work or do normal activities around the house for at least three of the past 12 months.	Does [NAME] have a birth certificate? IF YES GO TO Q14	Was the birth of [NAME] declared with the vital statistics office?	
	(10)	(11)	(11A)	(12)	(13)	(13A)	(13B)	(13C)
	YES NO DK		YES NO DK	YES NO DK		YES NO DK	YES NO DK	YES NO DK
01	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
02	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
03	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
04	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
05	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
06	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
07	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
08	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
09	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
10	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8

** Q. 10 TO Q.13A

THESE QUESTIONS CONCERN BIOLOGICAL PARENTS OF THE CHILD.

IN Q.11 AND Q.13, RECORD '00' IF THE PARENTS ARE NOT MEMBERS OF THE HOUSEHOLD.

INSTRUCTION											
LINE N°.	IF AGE 3 YEARS OR OLDER						IF AGE 3-24 YEARS				
	Has (NAME) ever attended school	What is the highest level of school (NAME) has attended?*** What is the highest grade (NAME) completed at that level?***		Is (NAME) currently attending school?	During the current school year (2004-2005), did (NAME) attend school at any time ?	During the current school year (2004-2005), what level and grade [is/was] (NAME) attending ?***	During the previous school year (2003-2004), did (NAME) attend school at any time ?	During the school year (2003-2004), what level and grade did (NAME) attend ?***			
	(14)	(15)		(16)	(17)	(18)	(19)	(20)			
	YES NO	LEVEL	GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL	GRADE		
11	1 NEXT LINE 2 ↙ ↘	<input type="checkbox"/>	<input type="checkbox"/>	1 ↙ 2 GO TO 18	1 GO TO 2 19	<input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE 2 ↙ ↘	<input type="checkbox"/>	<input type="checkbox"/>	
12	1 NEXT LINE 2 ↙ ↘	<input type="checkbox"/>	<input type="checkbox"/>	1 ↙ 2 GO TO 18	1 GO TO 2 19	<input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE 2 ↙ ↘	<input type="checkbox"/>	<input type="checkbox"/>	
13	1 NEXT LINE 2 ↙ ↘	<input type="checkbox"/>	<input type="checkbox"/>	1 ↙ 2 GO TO 18	1 GO TO 2 19	<input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE 2 ↙ ↘	<input type="checkbox"/>	<input type="checkbox"/>	
14	1 NEXT LINE 2 ↙ ↘	<input type="checkbox"/>	<input type="checkbox"/>	1 ↙ 2 GO TO 18	1 GO TO 2 19	<input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE 2 ↙ ↘	<input type="checkbox"/>	<input type="checkbox"/>	
15	1 NEXT LINE 2 ↙ ↘	<input type="checkbox"/>	<input type="checkbox"/>	1 ↙ 2 GO TO 18	1 GO TO 2 19	<input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE 2 ↙ ↘	<input type="checkbox"/>	<input type="checkbox"/>	
16	1 NEXT LINE 2 ↙ ↘	<input type="checkbox"/>	<input type="checkbox"/>	1 ↙ 2 GO TO 18	1 GO TO 2 19	<input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE 2 ↙ ↘	<input type="checkbox"/>	<input type="checkbox"/>	
17	1 NEXT LINE 2 ↙ ↘	<input type="checkbox"/>	<input type="checkbox"/>	1 ↙ 2 GO TO 18	1 GO TO 2 19	<input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE 2 ↙ ↘	<input type="checkbox"/>	<input type="checkbox"/>	
18	1 NEXT LINE 2 ↙ ↘	<input type="checkbox"/>	<input type="checkbox"/>	1 ↙ 2 GO TO 18	1 GO TO 2 19	<input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE 2 ↙ ↘	<input type="checkbox"/>	<input type="checkbox"/>	
19	1 NEXT LINE 2 ↙ ↘	<input type="checkbox"/>	<input type="checkbox"/>	1 ↙ 2 GO TO 18	1 GO TO 2 19	<input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE 2 ↙ ↘	<input type="checkbox"/>	<input type="checkbox"/>	
20	1 NEXT LINE 2 ↙ ↘	<input type="checkbox"/>	<input type="checkbox"/>	1 ↙ 2 GO TO 18	1 GO TO 2 19	<input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE 2 ↙ ↘	<input type="checkbox"/>	<input type="checkbox"/>	

***CODES POUR Q.15, 18 ET 20

EDUCATION LEVEL :

0 = NURSERY

1 = ANCIENT PRIMARY OR NEW SYSTEM (6YEARS)

2= REFORMED PRIMARY (8 YEARS)

3 = POST-PRIMARY /CERAR /FAMILIAL /CERAI

4 = SECONDARY

5 = TERTIARY

8 = DON'T KNOW

EDUCATION GRADE:

0 = LESS THAN 1 YEAR COMPLETED

8 = DON'T KNOW

TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>			
Just to make sure that I have a complete listing:			
1)	Are there any other persons such as small children or infants that we have not listed?	YES <input type="checkbox"/>	ENTER EACH IN TABLE NO <input type="checkbox"/>
2)	In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?	YES <input type="checkbox"/>	ENTER EACH IN TABLE NO <input type="checkbox"/>
3)	Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?	YES <input type="checkbox"/>	ENTER EACH IN TABLE NO <input type="checkbox"/>

	QUESTIONS AND FILTERS	CODES	ALLER Å																		
21	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING..... 11 PIPED INTO YARD/PLOT 12 PUBLIC TAP..... 13 WATER FROM OPEN WELL OPEN WELL IN DWELLING..... 21 OPEN WELL IN YARD/PLOT 22 OPEN PUBLIC WELL..... 23 WATER FROM COVERED WELL OR BOREHOLE PROTECTED WELL IN DWELLING... 31 PROTECTED WELL IN YARD/PLOT 32 PROTECTED PUBLIC WELL..... 33 SURFACE WATER SPRING 41 RIVER/STREAM..... 42 POND/LAKE 43 DAM..... 44 RAINWATER 51 TANKER TRUCK..... 61 BOTTLED WATER 71 OTHER _____ 96 (SPECIFY)	—▶ 23 —▶ 23 —▶ 23 —▶ 23 —▶ 23 —▶ 23 ▶ 23																		
22	How long does it take you to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES..... 996																			
23	What kind of toilet facilities does your household have?	FLUSH TOILET..... 11 PIT TOILET/LATRINE TRADITIONAL PIT TOILET..... 21 VENTILATED IMPROVED PIT (VIP) LATRINE..... 22 NO FACILITY/BUSH/FIELD..... 31 OTHER _____ 96 (SPECIFY)	—▶ 25																		
24	Do you share these facilities with other households?	YES..... 1 NO..... 2																			
25	Does your household have:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>Electricity?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A radio?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A television?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A telephone?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A refrigerator?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	Electricity?	1	2	A radio?	1	2	A television?	1	2	A telephone?	1	2	A refrigerator?	1	2	
	YES	NO																			
Electricity?	1	2																			
A radio?	1	2																			
A television?	1	2																			
A telephone?	1	2																			
A refrigerator?	1	2																			
26	What type of fuel does your household mainly use for cooking?	ELECTRICITY..... 01 LPG/NATURAL GAS 02 BIOGAS 03 KEROSENE..... 04 COAL, LIGNITE 05 CHARCOAL..... 06 FIREWOOD, STRAW 07 DUNG 08 OTHER _____ 96 (SPECIFY)																			

	QUESTIONS AND FILTERS	CODES	ALLER À
27	<p>MAIN MATERIAL OF THE FLOOR.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL FLOOR</p> <p>EARTH/SAND 11</p> <p>DUNG 12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS 21</p> <p>PALM/BAMBOO 22</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD 31</p> <p>VINYL OR ASPHALT STRIPS 32</p> <p>CERAMIC TILES 33</p> <p>CEMENT 34</p> <p>CARPET 35</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

28	<p>Does any member of your household own:</p> <p>A bicycle?</p> <p>A motorcycle or motor scooter?</p> <p>A car or truck?</p> <p>A mobile telephone?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOBILE TELEPHONE.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE/SCOOTER.....	1	2	CAR/TRUCK.....	1	2	MOBILE TELEPHONE.....	1	2	
	YES	NO																
BICYCLE.....	1	2																
MOTORCYCLE/SCOOTER.....	1	2																
CAR/TRUCK.....	1	2																
MOBILE TELEPHONE.....	1	2																

Now I would like to ask you some questions concerning the mosquito nets.

29	Does your household have any bednets that can be used while sleeping?	<p>YES..... 1</p> <p>NO..... 2</p>	→ 35
----	---	------------------------------------	------

29A	How many mosquito nets does your household have?	NUMBER OF NETS..... <input type="text"/>	
-----	--	--	--

	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD. IF MORE THAN 4 NETS, USE AN ADDITIONAL QUESTIONNAIRE.	NET #1	NET #2	NET #3	NET #4
30		<p>OBSERVED .....1</p> <p>NOT OBSERVED .....2</p>	<p>OBSERVED.....</p> <p>NOT OBSERVED.....</p>	<p>OBSERVED .....1</p> <p>NOT OBSERVED .....2</p>	<p>OBSERVED .....1</p> <p>NOT OBSERVED .....2</p>
31	<p>How long ago did your household obtain the mosquito net?</p> <p>IF LESS THAN ONE MONTH REGISTER '00'</p>	<p>MOS..... <input type="text"/> <input type="text"/></p> <p>AGO</p> <p>MORE THAN 3 YEARS AGO..... 96</p>	<p>MOS..... <input type="text"/></p> <p>AGO</p> <p>MORE THAN 3 YEARS AGO ..</p>	<p>MOS..... <input type="text"/> <input type="text"/></p> <p>AGO</p> <p>MORE THAN 3 YEARS AGO .....96</p>	<p>MOS..... <input type="text"/> <input type="text"/></p> <p>AGO</p> <p>MORE THAN 3 YEARS AGO..... 96</p>
31A	CHECK Q. 31 BEDNET OBTAINED WITH IN LAST 6 MONTHS.	<p>YES..... 1</p> <p>NO 2</p> <p>SKIP TO 32◀</p>	<p>YES.....</p> <p>NO SKIP TO</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>SKIP TO 32◀</p>	<p>YES..... 1</p> <p>NO 2</p> <p>SKIP TO 32◀</p>

		NET #1	NET #2	NET #3	NET #4
31B	How or from where did you get your mosquito net ?	PUBLIC SECTOR GOV HOSPITAL.....11 GOV. HEALTH CENTER.....12 FIELD WORKER.....13 OTHER PUBLIC _____16 (SPECIFY)	PUBLIC SECTOR 11 12 13 OTHER PUBLIC _____16 (SPECIFY)	PUBLIC SECTOR 11 12 13 OTHER PUBLIC _____16 (SPECIFY)	PUBLIC SECTOR 11 12 13 OTHER PUBLIC _____16 (SPECIFY)
		PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.21 PHARMACY.....22 PRIVATE DOCTOR23 ARBEF CLINIC .....24 INFIRMARY.....25 OTHER PRIVATE MEDICAL _____26 (SPECIFY)	PRIVATE MEDICAL SECTOR 21 22 23 24 25 OTHER PRIVATE MEDICAL _____26 (SPECIFY)	PRIVATE MEDICAL SECTOR 21 22 23 24 25 OTHER PRIVATE MEDICAL _____26 (SPECIFY)	PRIVATE MEDICAL SECTOR 21 22 23 24 25 OTHER PRIVATE MEDICAL _____26 (SPECIFY)
		OTHER SOURCE BOUTIQUE/KIOSKS /MARKET .....31 CHURCH.....32 PARENTS/FRIEND 33 OTHER _____96 (SPECIFY)	OTHER SOURCE 31 32 33 OTHER _____96 (SPECIFY)	OTHER SOURCE 31 32 33 OTHER _____96 (SPECIFY)	OTHER SOURCE 31 32 33 OTHER _____96 (SPECIFY)
31C	How much did you pay for this mosquito net ?	PRICE : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....9996 DK.....9998	PRICE : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....9996 DK.....9998	PRICE : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....9996 DK.....9998	PRICE : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....9996 DK.....9998
32	OBSERVE OR ASK THE BRAND OF MOSQUITO NET.	PERMANENTLY TREATED BEDNET ¹ TUZANET 11 MAMANET 12 OTHER 16 DK BRAND 18 (SKIP TO 32C)←	PERMANENTLY TREATED BEDNET TUZANET 11 MAMANET 12 OTHER 16 DK BRAND 18 (SKIP TO 32C)←	PERMANENTLY TREATED BEDNET TUZANET 11 MAMANET 12 OTHER 16 DK BRAND 18 (SKIP TO 32C)←	PERMANENTLY TREATED BEDNET TUZANET 11 MAMANET 12 OTHER 16 DK BRAND 18 (SKIP TO 32C)←
		TREATED BEDNET ² SUPANET .....21 OTHER .....22 DK BRAND .....28 OTHER .....31 DK/NOT SURE .....98	TREATED BEDNET SUPANET 21 OTHER 22 DK BRAND 28 OTHER 31 DK/NOT SURE 98	TREATED BEDNET SUPANET 21 OTHER 22 DK BRAND 28 OTHER 31 DK/NOT SURE 98	TREATED BEDNET SUPANET 21 OTHER 22 DK BRAND 28 OTHER 31 DK/NOT SURE 98

¹ "Permanent" is a pretreated net that does not require any further treatment.

² "Pretreated" is a net that has been pretreated, but requires further treatment after 6-12 months

32A	Since you got the mosquito net, was it treated with a liquid to repel mosquitoes or bugs?	YES.....1 NO .....2 NOT SURE .....8	YES .....1 NO .....2 NOT SURE.....8	YES.....1 NO .....2 NOT SURE.....8	YES.....1 NO .....2 NOT SURE .....8
32B	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES.....1 NO .....2 (GO TO 32D)← NOT SURE .....8	YES .....1 NO .....2 (GO TO 32D)← NOT SURE.....8	YES.....1 NO .....2 (GO TO 32D)← NOT SURE.....8	YES.....1 NO .....2 (GO TO 32D)← NOT SURE .....8
32C	How long ago was the net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS .. <input type="text"/> MORE THAN 3 YEARS AGO..... 96 NOT SURE 98	MONTHS... <input type="text"/> MORE THAN 3 YEARS AGO .....96 NOT SURE.....98	MONTHS... <input type="text"/> MORE THAN 3 YEARS AGO .....96 NOT SURE.....98	MONTHS.. <input type="text"/> MORE THAN 3 YEARS AGO..... 96 NOT SURE 98
32D	Did anyone sleep under this mosquito net last night?	YES.....1 NO .....2 (SKIP TO 32F)← NOT SURE .....8	YES .....1 NO .....2 (SKIP TO 32F)← NOT SURE.....8	YES.....1 NO .....2 (SKIP TO 32F)← NOT SURE.....8	YES.....1 NO .....2 (SKIP TO 32F)← NOT SURE .....8
32E	Who slept under this mosquito net last night? RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE No..... <input type="text"/> NAME _____ LINE No..... <input type="text"/> NAME _____ LINE No..... <input type="text"/> NAME _____ LINE No..... <input type="text"/> NAME _____ LINE No..... <input type="text"/>	NAME _____ LINE No <input type="text"/> NAME _____ LINE No <input type="text"/> NAME _____ LINE No <input type="text"/> NAME _____ LINE No <input type="text"/>	NAME _____ LINE No <input type="text"/> NAME _____ LINE No <input type="text"/> NAME _____ LINE No <input type="text"/> NAME _____ LINE No <input type="text"/>	NAME _____ LINE No..... <input type="text"/> NAME _____ LINE No..... <input type="text"/> NAME _____ LINE No..... <input type="text"/> NAME _____ LINE No..... <input type="text"/>
32F	GO BACK TO 30 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35. IF THERE ARE MORE THAN 4, USE AN ADDITIONAL QUESTIONNAIRE.				
35	ASK THE RESPONDENT FOR A TEASPOONFUL OF SALT NORMALLY USED IN THE HOUSEHOLD, THEN TEST THE SALT TO VERIFY THE PRÉSENCE OF IODINE. RECORD RESULTS IN PPM (PARTS PER MILLION).	0 PPM (NO COLOR) 1 7 PPM 2 15 PPM 3 30 PPM OR MORE (VERY DARK COLOR) 4 NO SALT IN THE HOUSEHOLD 5 SALT NOT TESTED 6 (IF NO SALT WAS TESTED, GIVE THE REASON: _____)			

C1. SUPPORT FOR CHRONICALLY ILL PERSONS.

101	CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: NUMBER OF SICK PEOPLE AGE 18-59 <input type="text"/> <input type="text"/>			201
	AT LEAST ONE <input type="checkbox"/> NONE <input type="checkbox"/>			
102	ENTER IN THE TABLE THE LINE NUMBER AND NAME OF EACH SICK HOUSEHOLD MEMBER AGE 18-59, BEGINNING WITH THE FIRST SICK MEMBER LISTED IN THE HOUSEHOLD SCHEDULE. ASK THE QUESTIONS ABOUT ALL OF THESE PEOPLE. IF THERE ARE MORE THAN 3 SICK PEOPLE, USE ADDITIONAL QUESTIONNAIRE(S).			
103	RECORD LINE NUMBER AND NAME OF THE SICK MEMBER IN THE HOUSEHOLD SCHEDULE	1st SICK PERS. NAME _____ LINE NO. <input type="text"/> <input type="text"/>	2nd SICK PERS. NAME _____ LINE NO. <input type="text"/> <input type="text"/>	3rd SICK PERS. NAME _____ LINE NO. <input type="text"/> <input type="text"/>
104	You said to me that in your household, (NAME OF EACH SICK PERSON TO Q103) was very sick during atleast 3 months during the last 12 months. I would like to ask you questions in connection with any type of assistance or organized support that your household could have received for [this/any of these] patient(s) and for which you did not pay. By assistance or organized support, I want to say a help or I want to say a help or support provided by somebody who works for a program, that it is governmental, private sector, religious, a charity organization or a Community based program.			
105	Now I would like to ask you some questions about the help or support that your household may have received from anyone besides your relatives, friends or neighbors because of (NAME)'s illness. In the last 12 months, has your household received any medical care for (NAME) for which you did not have to pay?	YES 1 NO 2 (SKIPTO 107) ← DK 8	YES 1 NO 2 (SKIPTO 107) ← DK 8	YES 1 NO 2 (SKIPTO 107) ← DK 8
106	Your household received any of these supports at least once per month when (name) was ill?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
107	In the last 12 months, has your household received any companionship, emotional or spiritual support in your home, because of (NAME)'s situation, for which you did not have to pay?	YES 1 NO 2 (SKIPTO 109) ← DK 8	YES 1 NO 2 (SKIPTO 109) ← DK 8	YES 1 NO 2 (SKIPTO 109) ← DK 8
108	Did your household receive this support during the last 30 days?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
109	In the last 12 months. Did your household receive material support for (NAME) like clothing food or financial support for which you did not have to pay?	YES 1 NO 2 (SKIPTO 111) ← DK 8	YES 1 NO 2 (SKIPTO 111) ← DK 8	YES 1 NO 2 (SKIPTO 111) ← DK 8
110	Did your household receive this support in the last 30 days?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
111	In the last 12 months. Did your household receive any social support because of (NAME)'s illness like household work training of caregiver or assistance for legal service for which you did not have to pay?	YES 1 NO 2 (SKIPTO 113) ← DK 8	YES 1 NO 2 (SKIPTO 113) ← DK 8	YES 1 NO 2 (SKIPTO 113) ← DK 8
112	Did your household receive this support in the last 30 days	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
113	In the last 30 days, has [NAME] had severe pain, mild pain, or no pain at all?	SEVERE..... 1 MILD..... 2 NOT AT ALL... 3 (SKIP TO 115) ←	SEVERE..... 1 MILD..... 2 NOT AT ALL... 3 (SKIP TO 115) ←	SEVERE..... 1 MILD..... 2 NOT AT ALL... 3 (SKIP TO 115) ←
114	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME.... 1 SOME TIME.... 2 NOT AT ALL... 3	MOST TIME.... 1 SOME TIME.... 2 NOT AT ALL... 3	MOST TIME.... 1 SOME TIME.... 2 NOT AT ALL... 3
115	In the last 30 days, did (NAME) suffer from nausea, coughing, diarrhea, or constipation? IF YES: Did (NAME) suffer severely or mildly?	SEVERE..... 1 MILD..... 2 NOT AT ALL... 3 (SKIP TO 117) ←	SEVERE..... 1 MILD..... 2 NOT AT ALL... 3 (SKIP TO 117) ←	SEVERE..... 1 MILD..... 2 NOT AT ALL... 3 (SKIP TO 117) ←
116	Was (NAME) able to reduce or stop the (nausea/coughing/diarrhea/constipation) most of the time, some of the time, or not at all?	MOST TIME.... 1 SOME TIME.... 2 NOT AT ALL... 3	MOST TIME.... 1 SOME TIME.... 2 NOT AT ALL... 3	MOST TIME.... 1 SOME TIME.... 2 NOT AT ALL... 3
117	RETURN TO 105 FOR THE NEXT COLUMN OR IF THERE ARE SICK PEOPLE. GO TO 201.			

C2. SUPPORT FOR PERSONS WHO HAVE DIED

No.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP TO
201	Now I would like to ask you a few more questions about your household. Think back over the past 12 months. Has anyone who lived in this household died in the last 12 months	YES 1 NO 2 DK 8			→ 301 → 301
202	How many household members died in the last 12 months?	NBR, OF PERSONS	<input type="text"/>	<input type="text"/>	
203	POSE 204-221 FOR EACH PERSON, ONE AFTER ANOTHER. IF MORE THAN 3, USE ADDITIONAL QUESTIONNAIRE.				
204	What was the name of the person who died (most recently)/(before him/her)?	NAME 1st PERS. DEAD	NAME 1st PERS. DEAD	NAME 1st PERS. DEAD	
205	Was (NAME) male or female?	MALE ... 1 FEMALE ... 2	MALE ... 1 FEMALE ... 2	MALE ... 1 FEMALE ... 2	
206	How old was (NAME) when (s)he died?	AGE <input type="text"/>	AGE <input type="text"/>	AGE <input type="text"/>	
207	Was (NAME) very sick for at least three of the 12 months before s(he)died? By very sick, I want to say too sick to work or to ensure normal activities the house for 3 months in the last 12 months?	YES 1 NO 2 (SKIP TO 222) ← DK 8	YES 1 NO 2 (SKIP TO 222) ← DK 8	YES 1 NO 2 (SKIP TO 222) ← DK 8	
208	CHECK 206: AGE OF THE DEAD PERSON	<18/60+ <input type="checkbox"/> (SKIP TO 222) ← 18-59 <input type="checkbox"/>	<18/60+ <input type="checkbox"/> (SKIP TO 222) ← 18-59 <input type="checkbox"/>	<18/60+ <input type="checkbox"/> (SKIP TO 222) ← 18-59 <input type="checkbox"/>	
209	I would like to ask you questions in connection with any type of assistance or organized support that your household could have received for [NAME] before his death and for which you did not pay. By assistance or organized support I want to say help or support provided by somebody who works for a program, that it is governmental, of the private sector, religious, charity organization or a Community based program				
210	In the last 12 months, has your household received any medical care for (NAME) for which you did not have to pay?	YES 1 NO 2 (SKIP TO 212) ← DK 8	YES 1 NO 2 (SKIP TO 212) ← DK 8	YES 1 NO 2 (SKIP TO 212) ← DK 8	
211	Your household received any of these supports during the last 30 days preceding the death of (NAME):	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	
212	In the last 12 months, has your household received any companionship, emotional or spiritual support in your home, because of (NAME)'s situation, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 214) ← DK 8	YES 1 NO 2 (SKIP TO 214) ← DK 8	YES 1 NO 2 (SKIP TO 214) ← DK 8	
213	Your household received any of these supports during the last 30 days preceding the death of (NAME):	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	
214	In the last 12 months. Did your household receive material support for (NAME) like clothing food or financial support for which you did not have to pay?	YES 1 NO 2 (SKIP TO 216) ← DK 8	YES 1 NO 2 (SKIP TO 216) ← DK 8	YES 1 NO 2 (SKIP TO 216) ← DK 8	
215	Your household received any of these supports during the last 30 days preceding the death of (NAME):	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	
216	In the last 12 months. Did your household receive any social assistance because of (NAME)'s illness like household work training of caregiver or assistance for legal service for which you did not have to pay?	YES 1 NO 2 (SKIP TO 218) ← DK 8	YES 1 NO 2 (SKIP TO 218) ← DK 8	YES 1 NO 2 (SKIP TO 218) ← DK 8	
217	Your household received any of these supports during the last 30 days preceding the death of (NAME):	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	

		NAME 1st PERS. DEAD _____	NAME 1st PERS. DEAD _____	NAME 1st PERS. DEAD _____
218	In the 30 days before (NAME) died, did he/she have severe pain, mild pain, or no pain at all?	SEVERE..... 1 MILD..... 2 NOT AT ALL.... 3 (SKIP TO 220) ←	SEVERE..... 1 MILD..... 2 NOT AT ALL.... 3 (SKIP TO 220) ←	SEVERE..... 1 MILD..... 2 NOT AT ALL.... 3 (SKIP TO 220) ←
219	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME.... 1 SOME TIME.... 2 NOT AT ALL.... 3	MOST TIME.... 1 SOME TIME.... 2 NOT AT ALL.... 3	MOST TIME.... 1 SOME TIME.... 2 NOT AT ALL.... 3
220	In the 30 days before (NAME) died, did he/she suffer from nausea, coughing, diarrhea, or constipation? IF YES: Did (NAME) suffer severely or mildly?	SEVERE..... 1 MILD..... 2 NOT AT ALL.... 3 (SKIP TO 222) ←	SEVERE..... 1 MILD..... 2 NOT AT ALL.... 3 (SKIP TO 222) ←	SEVERE..... 1 MILD..... 2 NOT AT ALL.... 3 (SKIP TO 222) ←
221	Was (NAME) able to reduce or stop the (nausea/coughing/diarrhea/constipation) most of the time, some of the time or not at all?	MOST TIME.... 1 SOME TIME.... 2 NOT AT ALL.... 3	MOST TIME.... 1 SOME TIME.... 2 NOT AT ALL.... 3	MOST TIME.... 1 SOME TIME.... 2 NOT AT ALL.... 3
222		RETURN TO 204 FOR THE NEXT COLUMN OR THERE ARE MORE PERSONS WHO DIED, GO TO 301.		

C3. SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

No	QUESTIONS ET FILTRES	CODES	SKIP TO
301	CHECK COLUMN 7 OF THE HOUSEHOLD SCHEDULE: IS THERE A CHILD OF 0-17 YRS? AT LEAST ONE CHILD 0-17 YRS <input type="checkbox"/>	NO CHILD 0-17 YRS <input type="checkbox"/>	→ 35A
302	CHECK COLUMN 7 OF THE HOUSEHOLD SCHEDULE: IS THERE AN ADULT OF 18-59 YRS? AT LEAST ONE ADULT 18-59 YRS <input type="checkbox"/>	NO ADULT 18-59 YRS <input type="checkbox"/>	→ 307
303	VERIFY COLUMN 7A OF THE HOUSEHOLD SCHEDULE: IS THERE AN ADULT OF 18-59 YRS WHO IS SICK? NOT A SINGLE "YES" IN COLUMN 7A <input type="checkbox"/>	AT LEAST ONE "YES" IN COLUMN 7A <input type="checkbox"/>	→ 307
304	VERIFY 206 IN SECTION C2: IS THERE AN ADULT OF 18-59 YRS WHO DIED DURING THE LAST 12 MONTHS? NO ADULT AGE 18-59 IN 206 <input type="checkbox"/>	AT LEAST ONE ADULT AGE 18-59 YRS IN 206 <input type="checkbox"/>	→ 307
305	CHECK COLUMN 10 AND 12 IN THE HOUSEHOLD SCHEDULE: MOTHER OR FATHER ALIVE? NOT A SINGLE "NO" OR "DK" IN COL. 10 OR 12 <input type="checkbox"/>	AT LEAST ONE "NO" OR "DK" IN 10 OR 12 <input type="checkbox"/>	→ 307
306	CHECK COLUMNS 11A AND 13A IN THE HOUSEHOLD SCHEDULE: MOTHER OR FATHER VERY SICK? AT LEAST ONE "YES" IN 11A OR 13A <input type="checkbox"/>	NOT A SINGLE "YES" IN 11A OR 13A <input type="checkbox"/>	→ 35A
307	MAKE THE LIST OF ALL THE CHILDREN OF 0-17 YRS IN THE HOUSEHOLD 1) LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ AGE <input type="text"/> <input type="text"/> 2) LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ AGE <input type="text"/> <input type="text"/> 3) LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ AGE <input type="text"/> <input type="text"/> 4) LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ AGE <input type="text"/> <input type="text"/> 5) LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ AGE <input type="text"/> <input type="text"/> 6) LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ AGE <input type="text"/> <input type="text"/> 7) LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ AGE <input type="text"/> <input type="text"/> 8) LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ AGE <input type="text"/> <input type="text"/> IF YOU HAVE TO REGISTER MORE THAN 8 CHILDREN, USE AN ADDITIONAL QUESTIONNAIRE.		

308	REGISTER THE LINE NUMBER AND NAME OF EACH LISTED CHILD IN Q.307, STARTING WITH THE FIRST CHILD IN THE LIST. ASK THE QUESTIONS ABOUT EACH ONE OF THESE CHILDREN. IF THERE ARE MORE THAN 8 CHILDREN, USE AN ADDITIONAL QUESTIONNAIRE.				
309	LINE NUMBER AND NAME IN 307	1st CHILD NAME _____ LINE NO. <input type="text"/>	2nd CHILD NAME _____ LINE NO. <input type="text"/>	3rd CHILD NAME _____ LINE NO. <input type="text"/>	4th CHILD NAME _____ LINE NO. <input type="text"/>
310	I would like to ask you questions in connection with any type of assistance or organized support that your household could have received for [NAME OF EACH CHILD IN 309] and for which you did not pay. By assistance or organized support, I want to say help or support provided by somebody who works for a program, that it is governmental, of the private sector, religious, charity organization or a Community based program.				
311	I would like to now ask you questions about the support that your household received for (NAME). During the last 12 months, did your receive medical support for (NAME) for which did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
312	In the last 12 months, has your household received any counseling from a trained counselor because of (NAME)'s situation, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 314) ← DK 8	YES 1 NO 2 (SKIP TO 314) ← DK 8	YES 1 NO 2 (SKIP TO 314) ← DK 8	YES 1 NO 2 (SKIP TO 314) ← DK 8
313	Did your household receive this support during the last 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
314	In the last 12 months, has your household received any clothing, food or financial support because of (NAME)'s situation for which you did not have to pay?	YES 1 NO 2 (SKIP TO 316) ← DK 8	YES 1 NO 2 (SKIP TO 316) ← DK 8	YES 1 NO 2 (SKIP TO 316) ← DK 8	YES 1 NO 2 (SKIP TO 316) ← DK 8
315	Did your household receive this support during the last 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
316	In the last 12 months, has your household received any help with household work or childcare, training of caregiver because of (NAME)'s situation for which you did not have to pay?	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8
317	Did your household receive this support during the last 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
318	VERIFY 307: AGE OF THE CHILD	AGE 0-4 <input type="checkbox"/> (SKIP TO 320) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 320) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 320) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 320) ← AGE 5-17 <input type="checkbox"/>
319	In the last 12 months, has your household received any help with school fees or school related expenses for (NAME) for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
320	RETURN TO 311 FOR THE NEXT COLUMN; IF THERE ARE NO MORE CHILDREN, CONTINUE WITH INDIVIDUAL INTERVIEW OF THE ELIGIBLE PERSON.				

309	LINE NUMBER AND NAME IN 307	5th CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/>	6th CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/>	7th CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/>	8th CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/>
310	I would like to ask you questions in connection with any type of assistance or organized support that your household could have received for [NAME OF EACH CHILD IN 309] and for which you did not pay. By assistance or organized support, I want to say help or support provided by somebody who works for a program, that it is governmental, of the private sector, religious, charity organization or a Community based program.				
311	I would like to now ask you questions about the support that your household received for (NAME). During the last 12 months, did your household receive medical support for (NAME) for which did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
312	In the last 12 months, has your household received any counseling from a trained counselor because of (NAME)'s situation, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 314) ← DK 8	YES 1 NO 2 (SKIP TO 314) ← DK 8	YES 1 NO 2 (SKIP TO 314) ← DK 8	YES 1 NO 2 (PASSEZ TO 314) ← DK 8
313	Did your household receive this support during the last 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
314	In the last 12 months, has your household received any clothing, food or financial support because of (NAME)'s situation for which you did not have to pay?	YES 1 NO 2 (SKIP TO 316) ← DK 8	YES 1 NO 2 (SKIP TO 316) ← DK 8	YES 1 NO 2 (SKIP TO 316) ← DK 8	YES 1 NO 2 (SKIP TO 316) ← DK 8
315	Did your household receive this support during the last 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
316	In the last 12 months, has your household received any help with household work or childcare, training of caregiver because of (NAME)'s situation for which you did not have to pay?	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8
317	Did your household receive this support during the last 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
318	VERIFY 307: AGE OF THE CHILD	AGE 0-4 <input type="checkbox"/> (SKIP TO 320) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 320) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 320) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 320) ← AGE 5-17 <input type="checkbox"/>
319	In the last 12 months, has your household received any help with school fees or school related expenses for (NAME) for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
320	RETURN TO 311 FOR THE NEXT COLUMN; IF THERE ARE NO MORE CHILDREN, CONTINUE WITH INDIVIDUAL INTERVIEW OF THE ELIGIBLE PERSON.				

Q. 35A

CHECK THE COVER PAGE OF THIS QUESTIONNAIRE. USE THIS TABLE ONLY IF THE HOUSEHOLD WAS SELECTED FOR QUESTIONS IN SECTION 10, « RELATIONS IN THE HOUSEHOLD ».

IF THERE IS ONLY ONE ELEGIBLE WOMAN IN THE HOUSEHOLD

In the first line (row) of the table below, write the name, age and line number of the eligible woman (see Column (8) of the Household Schedule) : this woman is selected to be interviewed with questions in Section 11 «Relations in the Household».

IF THERE ARE SEVERAL ELEGIBLE WOMEN IN THE HOUSEHOLD

In the table below, write the name, the age and the line number of all eligible women (see Column (8) of the Household Questionnaire), beginning with the oldest and ending with the youngest.

Note the last digit of the household structure number recorded on the cover page of the questionnaire and circle that number on the first line of the table below. Descend down this column of this number until you reach the line of the last woman recorded. Circle the number that is at the intersection between the column descended and the line of the last woman recorded.

The number you circled (1,2,3 etc.) at this intersection tells you the order of the woman selected for Section 11 of the Women's Questionnaire (the 1st, 2nd, 3rd, etc...). In the household schedule, circle the LINE NUMBER of the woman selected.

Ordre Number	Name of the woman	Age Of the woman	Line number from household schedule	1	2	3	4	5	6	7	8	9	0
1 ^{ère}				1	1	1	1	1	1	1	1	1	1
2 ^e				2	1	2	1	2	1	2	1	2	1
3 ^e				1	2	3	1	2	3	1	2	3	1
4 ^e				1	2	3	4	1	2	3	4	1	2
5 ^e				4	5	1	2	3	4	5	1	2	3
6 ^e				4	5	6	1	2	3	4	5	6	1
7 ^e				3	4	5	6	7	1	2	3	4	5
8 ^e				3	4	5	6	7	8	1	2	3	4
9 ^e				2	3	4	5	6	7	8	9	1	2
10 ^e				1	2	3	4	5	6	7	8	9	10

ANTHROPOMETRY AND CHILD'S HEMOGLOBIN SCHEDULE

CHECK COLUMNS (8) AND (9): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO.	NAME	AGE	What is (NAME)'s date of birth ?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT
FROM COL.(8)	FROM COL.(2)	FROM COL.(7)					1 MEASURED 2 NOT PRESENT 3 REFUSED 4 TECHN PROB 6 OTHER
(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)
		YEARS					
<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"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1999 OR LATER			
LINE NO.	NAME	AGE	What is (NAME)'s date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT
FROM COL.(9)	FROM COL.(2)	FROM COL.(7)					1 MEASURED 2 NOT PRESENT 3 REFUSED 4 TECHN PROB 6 OTHER
			DAY MONTH YEAR			LYING STANDING	
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>

TICK HERE IF CONTINUATION SHEET IS USED:

CHECK COLUMNS (8) AND (9): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

* FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY (SECTION 2), SUCH AS ORPHANS, ADOPTED CHILDREN, ETC.), ASK DAY, MONTH AND YEAR OF BIRTH. FOR ALL OTHER CHILDREN, COPY MONTH AND YEAR FROM Q.215 IN MOTHER'S BIRTH HISTORY (SECTION 2) AND ASK DAY OF BIRTH.

INFORMED CONSENT STATEMENT FOR ANEMIA

As part of this survey, we are studying anemia among women, men and children under age 6 years. Anemia is a serious health problem that results from poor nutrition. This survey will assist the government to develop programs to prevent and treat anemia.

We request that you (and all children born since 1999) participate in the anemia testing part of this survey by giving a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be taken with new equipment and the results of the test will be given to you immediately after. These results will be kept confidential.

Now I would like to ask that you (and NAME OF CHILD[REN]) agree to participate in the anemia test. However, if you decide not to have the test done, it is your right and we will respect your decision. Now please tell me if you agree to have the test done.

CONTINUE TO COLUMN (45) AND CIRCLE THE APPROPRIATE CODE.

HEMOGLOBIN MEASUREMENT OF WOMEN 15-49			
LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 TECHN PROB 6 OTHER
(44)	(45)	(46)	(47)
<input type="text"/>	GRANTED 1 ↓ SIGN _____	REFUSED OR NOT READ 2 ↓ GO TO 47 ↙	<input type="text"/>
<input type="text"/>	1 ↓ SIGN _____	2 ↓ GO TO 47 ↙	<input type="text"/>
<input type="text"/>	1 ↓ SIGN _____	2 ↓ GO TO 47 ↙	<input type="text"/>
<input type="text"/>	1 ↓ SIGN _____	2 ↓ GO TO 47 ↙	<input type="text"/>

Informed Consent Statements
HIV testing

INFORMED CONSENT STATEMENT FOR HIV TESTING
ADULTS AGE 18 OR OLDER

As part of this survey, we are studying HIV/AIDS among women age 15 to 49 years and men age 15-59 years. As you may know, HIV is the virus that causes AIDS, and AIDS is a serious illness that often leads to death. We are conducting a test to measure the extent of the disease in Cameroon. The results from the survey will assist the government in developing programs for preventing HIV and AIDS.

We request that you participate in the HIV testing part of this survey by permitting us to take a few drops of blood from your finger. Only disposable, sterile instruments that are clean and completely safe will be used.

The blood sample will be sent directly to a laboratory to be analyzed. To ensure confidentiality, your name will not be attached to the blood sample. The results will be completely anonymous and for this reason we cannot provide you with results of the test. However, we will give you a coupon for a free test at a Voluntary Counseling and Testing center in case you want to know your HIV status.

Do you have any questions about this?
Now I would like you to please tell me if you agree to participate in the HIV test ?

CONTINUE TO COLUMN (67) AND CIRCLE THE APPROPRIATE CODE.

INFORMED CONSENT STATEMENTS FOR HIV TESTING
YOUNG MEN AND WOMEN AGE 15-17 YEARS

1st step: First ask the consent of the parent or responsible adult

The study of HIV/AIDS includes young women and men starting at age 15. For HIV testing of young men and women ages 15 to 17 years we ask that the parent or a responsible adult provides their consent, as well as the eligible young man or woman.

We request that the young man/woman, [NAME], participate in the HIV testing part of this survey by permitting us to use a few drops of blood from his/her finger. Only disposable, sterile instruments that are clean and completely safe will be used.

The blood sample will be sent directly to a laboratory to be analyzed. To ensure confidentiality, no name or personally identifying information will be attached to the blood sample. The results will be completely anonymous and for this reason we cannot provide results of the test. However, we will give you a coupon for a free test at a Voluntary Counseling and Testing center in case you want to know your HIV status.

Now I would like you to please tell me if you agree that [NAME] participates in the HIV test ?

CONTINUE TO COLUMN (66) AND CIRCLE THE APPROPRIATE CODE.

2nd step: Consent of the young man/woman

IF THE PARENT OR RESPONSIBLE ADULT AGREES THAT THE YOUNG PERSON BE TESTED, THEN READ THE CONSENT TO THE YOUNG PERSON.

As part of this survey, we are studying HIV/AIDS among women age 15 to 49 years and men age 15-59 years. As you may know, HIV is the virus that causes AIDS, and AIDS is a serious illness that often leads to death. We are conducting test to measure the extent of the disease in Cameroon. The results from the survey will assist the government in developing programs for preventing HIV and AIDS.

We request that you participate in the HIV testing part of this survey by permitting us to use a few drops of blood from your finger. Only disposable, sterile instruments that are clean and completely safe will be used.

The blood sample will be sent directly to a laboratory to be analyzed. To ensure confidentiality, your name will not be attached to the blood sample. The results will be completely anonymous and for this reason we cannot provide you with results of the test. However, we will give you a coupon for a free test at a Voluntary Counseling and Testing center in case you want to know your HIV status.

Do you have any questions about this?
Now I would like you to please tell me if you agree to participate in the HIV test ?

CONTINUE TO COLUMN (67) AND CIRCLE THE APPROPRIATE CODE.

* ***DON'T FORGET TO GIVE EACH ELIGIBLE PERSON A REFERENCE FORM FOR A FREE HIV TEST.***

ADULT HIV AND HEMOGLOBIN SCHEDULE

Number of blood samples: _____

CHECK COLUMNS (8) AND (9a) FROM HOUSEHOLD SCHEDULE; RECORD THE LINE NUMBER, NAME, SEX AND AGE OF ALL WOMEN AGE 15-49 AND ALL MEN AGE 15-59 YEARS. THIS FORM MUST BE DESTROYED BEFORE THE RESULTS OF THE TEST ARE LINKED TO THE RDHS DATABASE.

LINE NUMBER FROM COLUMN (8) OR COLUMN (9a)	NAME FROM COL.(2)	SEX FROM COL. (4)	AGE YEARS FROM COL.(7)	CHECK AGE IN COLUMN (51)	LINE NUMBER OF PARENT/RESPONSIBLE ADULT.	READ THE CONSENT TO THE PARENT OR RESPONSIBLE ADULT CIRCLE CODE (AND SIGN)	READ THE CONSENT TO THE RESPONDENT CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)	FOR WOMEN CURRENTLY PREGNANT	ANEMIA RESULT 1 MEASURED 2 ABSENT 3 REFUSED 4 TECHNICAL PROBLEMS 6 OTHER (SPECIFY)	HIV RESULT 1 BLOOD TAKEN 2 REFUSED 3 TECHNICAL PROBLEMS 6 OTHER (SPECIFY)	PLACE BAR CODES
(48)	(49)	(50)	(51)	(52)	(53)	(a) (54)	(b) (55)	(56)	(57)	(58)	(59)	(60)
		M F 1 2		AGE 15-17 18+ 1 2 ↓ SKIP TO 55	RECORD '00' IF NOT LISTED IN HOUSE-HOLD SCHE-DULE	CONSENT FOR ANEMIA TESTING ACCORDÉ...1 REFUSÉ...2 PAS LU...3 SIGNÉ R: _____	CONSENT FOR HIV TESTING ACCORDÉ...1 REFUSÉ...2 PAS LU...3 SIGNÉ R: _____	IF 55a DOES NOT EQUAL '1', GO TO 58	YES.....1 NO.....2 DK.....3			PUT 1ST BAR CODE HERE PUT THE 2 ND BAR CODE ON THE RESPONSENT'S FILTER PAPER , AND THE 3RD ON THE BLOOD SAMPLE TRANSMITTAL FORM
		M F 1 2		AGE 15-17 18+ 1 2 ↓ SKIP TO 55		CONSENT FOR ANEMIA TESTING ACCORDÉ...1 REFUSÉ...2 PAS LU...3 SIGNÉ R: _____	CONSENT FOR HIV TESTING ACCORDÉ...1 REFUSÉ...2 PAS LU...3 SIGNÉ R: _____	IF 55a DOES NOT EQUAL '1', GO TO 58	YES.....1 NO.....2 DK.....3			PUT 1ST BAR CODE HERE PUT THE 2 ND BAR CODE ON THE RESPONSENT'S FILTER PAPER , AND THE 3RD ON THE BLOOD SAMPLE TRANSMITTAL FORM
		M F 1 2		AGE 15-17 18+ 1 2 ↓ SKIP TO 55		CONSENT FOR ANEMIA TESTING ACCORDÉ...1 REFUSÉ...2 PAS LU...3 SIGNÉ R: _____	CONSENT FOR HIV TESTING ACCORDÉ...1 REFUSÉ...2 PAS LU...3 SIGNÉ R: _____	IF 55a DOES NOT EQUAL '1', GO TO 58	YES.....1 NO.....2 DK.....3			PUT 1ST BAR CODE HERE PUT THE 2 ND BAR CODE ON THE RESPONSENT'S FILTER PAPER , AND THE 3RD ON THE BLOOD SAMPLE TRANSMITTAL FORM

LINE NUMBER FROM COLUMN (8) OR COLUMN (9a)	NAME FROM COL.(2)	SEX FROM COL. (4)	AGE FROM COL.(7)	CHECK AGE IN COLUMN (51)	LINE NUMBER OF PARENT/RESPONSIBLE ADULT.	READ THE CONSENT TO THE PARENT OR RESPONSIBLE ADULT CIRCLE CODE (AND SIGN)	READ THE CONSENT TO THE RESPONDENT CIRCLE CODE (AND SIGN) IF 54a = 1, READ CONSENT IN 55a. IF 54b = 1, READ CONSENT IN 55b. IF 55a AND 55b DO NOT EQUAL 1, GO TO 58.	HEMOGLOBIN LEVEL (G/DL)	FOR <u>WOMEN</u> CURREN- TLY PREGNANT	ANEMIA RESULT 1 MEASURED 2 ABSENT 3 REFUSED 4 TECHNICAL PROBLEMS 6 OTHER (SPECIFY)	HIV RESULT 1 BLOOD TAKEN 2 REFUSED 3 REFUSED 4 TECHNICAL PROBLEMS 6 OTHER (SPECIFY)	PLACE BAR CODES
(48)	(49)	(50)	(51)	(52)	(53)	(a) (54) (b)	(a) (55) (b)	(56)	(57)	(58)	(59)	(60)
<input type="text"/>	NAME	M F 1 2	YEARS <input type="text"/> <input type="text"/>	AGE AGE 15-17 18+ 1 2 ↓ SKIP TO 55	<input type="text"/>	CONSENT FOR ANEMIA TESTING ACCORDÉ .....1 REFUSÉ .....2 PAS LU .....3 SIGNER :	CONSENT FOR HIV TESTING ACCORDÉ .....1 REFUSÉ .....2 PAS LU .....3 SIGNER :	IF 55a DOES NOT EQUAL '1', GO TO 58 <input type="text"/> <input type="text"/>	YES.....1 NO.....2 DK.....3	<input type="text"/>	<input type="text"/>	PUT 1ST BAR CODE HERE PUT THE 2 ND BAR CODE ON THE RESPONSET'S FILTER PAPER, AND THE 3 RD ON THE BLOOD SAMPLE TRANSMITTAL FORM
<input type="text"/>		1 2	<input type="text"/> <input type="text"/>	1 2 ↓ SKIP TO 55	<input type="text"/>	ACCORDÉ .....1 REFUSÉ .....2 PAS LU .....3 SIGNER :	ACCORDÉ .....1 REFUSÉ .....2 PAS LU .....3 SIGNER :	IF 55a DOES NOT EQUAL '1', GO TO 58 <input type="text"/> <input type="text"/>	YES.....1 NO.....2 DK.....3	<input type="text"/>	<input type="text"/>	PUT 1ST BAR CODE HERE PUT THE 2 ND BAR CODE ON THE RESPONSET'S FILTER PAPER, AND THE 3 RD ON THE BLOOD SAMPLE TRANSMITTAL FORM
<input type="text"/>		1 2	<input type="text"/> <input type="text"/>	1 2 ↓ SKIP TO 55	<input type="text"/>	ACCORDÉ .....1 REFUSÉ .....2 PAS LU .....3 SIGNER :	ACCORDÉ .....1 REFUSÉ .....2 PAS LU .....3 SIGNER :	IF 55a DOES NOT EQUAL '1', GO TO 58 <input type="text"/> <input type="text"/>	YES.....1 NO.....2 DK.....3	<input type="text"/>	<input type="text"/>	PUT 1ST BAR CODE HERE PUT THE 2 ND BAR CODE ON THE RESPONSET'S FILTER PAPER, AND THE 3 RD ON THE BLOOD SAMPLE TRANSMITTAL FORM

TICK HERE IS ANOTHER SHEET IS USED :

61

CHECK QUESTIONS 46 (FOR CHILDREN) AND 56/57 (FOR ADULTS) :

NUMBER OF HOUSEHOLD MEMBERS FOR WHICH THE LEVEL OF HEMOGLOBIN IS BELOW THE CUT-OFF POINTS :

LESS THAN **7G/DL** FOR CHILDREN, FOR MEN, AND FOR WOMEN WHO ARE NOT PREGNANT (OR WHO DO NOT KNOW IF THEY ARE PREGNANT); LESS THAN **9G/DL** FOR PREGNANT WOMEN.

ONE OR MORE

NONE

GIVE EACH WOMAN, MAN OR RESPONSIBLE ADULT THE RESULTS OF THE HEMOGLOBIN TEST. READ THE DECLARATION BELOW (Q.62) TO THESE PERSONS WITH HEMOGLOBIN LEVELS BELOW CUT-OFF POINTS. GIVE EACH WOMAN, MAN OR RESPONSIBLE ADULT THE RESULTS OF THE HEMOGLOBIN TEST AND CONTINUE TO Q.60.

62

The results of the test show that (your blood/the blood of NAME OF CHILD/CHILDREN) has a very low level of hemoglobin. This indicates that (you/NAME OF CHILD/CHILDREN) are severely anemic, which is a serious health problem. We recommend that you visit a health facility as soon as possible to be examined and obtain the proper treatment. GIVE THE ADULT THE REFERENCE FORM FOR ANEMIA AND CONTINUE TO Q.60.

**RWANDA DEMOGRAPHIC AND HEALTH SURVEY-2005
WOMAN'S QUESTIONNAIRE**

MINECOFIN
DEPARTMENT OF STATISTICS

REPUBLIC OF RWANDA

IDENTIFICATION	
NAME OF THE LOCALITY _____ NAME OF HOUSEHOLD HEAD _____ PROVINCE..... DISTRICT..... SECTOR..... NUMÉRO DE GRAPPE..... STRUCTURE NUMBER..... HOUSEHOLD NUMBER..... URBAN/ RURAL (URBAN=1, RURAL=2)..... KIGALI CITY/ OTHER-TOWN/ RURAL..... (KIGALI CITY =1, OTHER TOWN =2, RURAL=3) NAME & LINE NUMBER OF THE WOMAN.....	
CHECK COVER PAGE OF THE HOUSEHOLD QUESTIONNAIRE: IS THE HOUSEHOLD SELECTED FOR MAN'S INTERVIEW (RELATIONS IN THE HOUSEHOLD' (SECTION 10), HIV AND ANEMIA TESTS, AND ANTHROPOMETRY?) (YES=1, NO=2)	<input type="checkbox"/>
CHECK TABLE 35A FOR SELECTION OF AN ELIGIBLE WOMAN FOR "RELATIONS IN THE HOUSEHOLD (SECTION 10)". (YES=1, NO =2)	<input type="checkbox"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> CODE RÉSULT
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <input type="checkbox"/>
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)				
LANGUAGE OF INTERVIEW KINYARWANDA..... 1 <input type="checkbox"/> OTHER LANGUAGE _____ 2 <input type="checkbox"/> (SPECIFY)				
INTERPRETER YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/>				
SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY	
NAME _____ <input type="text"/>	NAME _____ <input type="text"/>	<input type="text"/>	<input type="text"/>	
DATE _____ <input type="text"/>	DATE _____ <input type="text"/>	<input type="text"/>	<input type="text"/>	

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with MINECOFIN, Department of Statistics. We are conducting a national survey about the health of women and children in Rwanda. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED... 2 →END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
101	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a KIGALI CITY, in other town, or in the rural area? IF " FOREIGN " STATE AREA OF RESIDENCE	KIGALI CITY1 OTHER TOWN/ FOREIGN TOWN2 RURAL/ FOREIGN3									
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <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> ALWAYS95 VISITOR96			↙ 105						
104	Just before you moved here, did you live in KIGALI CITY, in other town, or in the rural area?	KIGALI CITY1 OTHER TOWN2 RURAL3									
105	In what month and year were you born?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW MONTH98 YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW YEAR9998									
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS. <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>									
IF AGE < 15 YEARS OR > 49 STOP THE INTERVIEW											
107	Have you ever attended school?	YES1 NO2	→ 111								
108	What is the highest level of school you attended: Primary, reformed primary, post-primary, secondary, or higher?	PRIMARY (FORMER OR NEW)1 PRIMARY REFORMED2 POST PRIMARY/FAMIL/CERAR/CERAI ..2 SECONDARY4 HIGHER5									
109	What is the highest (class/year) you completed at that level?	CLASS/YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP									
110	CHECK 108: PRIMARY <input type="checkbox"/> POST-PRIMARY OR HIGHER <input type="checkbox"/>		▶114									
111	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 PARTS OF SENTENCE.....2 ABLE TO READ WHOLE SENTENCE.....3 NO CARD WITH REQUIRED LANGUAGE.....4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED.....5										
112	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)? ²	YES.....1 NO.....2										
113	CHECK 111: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED CODE '1' OR '5' CIRCLED <input type="checkbox"/>		▶115									
114	Do you read a newspaper or magazine 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										
115	Do you listen to the radio 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										
116	Do you watch television 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										
117	In the last 12 months, how many times have you traveled outside of your community or your home place?	NUMBER OF TRIPS..... <input type="text"/> <input type="text"/> NONE.....00	▶119									
118	In the last 12 months, have you ever been away from your home place for the period of one month un-interrupted?	YES.....1 NO.....2										
119	What is your religion?	CATHOLIC.....1 PROTESTANT.....2 7 TH DAY ADVENTIST.....3 MUSLIM.....4 TRADITIONALIST.....5 OTHER.....6 (SPECIFY) NONE.....7										
119A	In the last four weeks, have you ever a) have had a consultation of a service provider b) been hospitalized for at least one night	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a)</td> <td>1</td> <td>2</td> </tr> <tr> <td>b)</td> <td>2</td> <td>2</td> </tr> </table>		YES	NO	a)	1	2	b)	2	2	
	YES	NO										
a)	1	2										
b)	2	2										
119B	CHECK Q 119A a) <input type="checkbox"/>	Q.119A a) = YES <input type="checkbox"/>	Q.119A a) = NO <input type="checkbox"/> (SKIP TO 119G)									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
119C	Where did the last consultation with a service provider take place?	PUBLIC SECTOR GOVERNMENT HOSPITAL11 GOVERNMENT HEALTH CENTER12 AGENT DBC.....13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC21 PHARMACY22 PRIVATE DOCTOR.....23 ARBEF CLINIC.....24 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY)			
119D	How much did you pay on the whole for the last consultation, including the drugs and the tests of laboratory?	PRICE : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....00000 DON'T KNOW.....99998			
119E	Was there (others) expenditure of the drugs related to this consultation and paid on a pharmacy?	YES1 NO2 DON'T KNOW8	<input type="checkbox"/> 119G		
119F	How much did you pay for these drugs with pharmacy?	PRICE : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998			
119G	CHECK Q 119A b)	<table border="0"> <tr> <td data-bbox="948 974 1141 1137"> Q 119A b) = YES <input type="checkbox"/> ▼ </td> <td data-bbox="1141 974 1347 1137"> Q 119A b) = NO <input type="checkbox"/> ▼ (SKIP TO 119J) </td> </tr> </table>	Q 119A b) = YES <input type="checkbox"/> ▼	Q 119A b) = NO <input type="checkbox"/> ▼ (SKIP TO 119J)	
Q 119A b) = YES <input type="checkbox"/> ▼	Q 119A b) = NO <input type="checkbox"/> ▼ (SKIP TO 119J)				
119H	Where were you hospitalised the last time for at least a night?	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER..... 12 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 ARBEF CLINIC..... 22 OTHER PRIVATE MÉDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY)			
119I	How much did you pay on the whole for the hospitalisation?	PRICE : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....00000 DON'T KNOW.....99998			
119J	Which type of medical insurance do you currently have?	NONE1 RAMA MUTUAL2 OTHER MUTUAL INSURANCE3 OTHER NON-MUTUAL _____ 6 (SPECIFY) DON'T KNOW8			

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" data-bbox="1241 421 1331 524" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME..... <table border="1" data-bbox="1241 479 1331 524" style="display: inline-table; vertical-align: middle;"><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	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" data-bbox="1241 645 1331 748" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE... <table border="1" data-bbox="1241 703 1331 748" style="display: inline-table; vertical-align: middle;"><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? Any baby who cried or showed signs of life but only survived a few hours or days?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" data-bbox="1241 936 1331 1039" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" data-bbox="1241 994 1331 1039" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
207A	Have you had any other children who were born alive and died after a few minutes, a few hours, or a few days?	YES 1 NO 2	→ 208								
207B	CORRECT 207 THEN CONTINUE WITH Q.208										
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" data-bbox="1241 1256 1331 1314" style="display: inline-table; vertical-align: middle;"><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"/> <table border="1" data-bbox="491 1473 533 1554" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> <table border="1" data-bbox="580 1637 622 1695" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> NO BIRTHS <input type="checkbox"/> _____			→ 226							

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 LINES.									
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? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETE D YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING...1 MULT...2	BOY..1 GIRL .2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO .....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS.....1 <input type="text"/> <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> <input type="text"/> YEARS ....3 <input type="text"/> <input type="text"/> <input type="text"/>	
02	SING...1 MULT...2	BOY..1 GIRL .2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO .....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS.....1 <input type="text"/> <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> <input type="text"/> YEARS ....3 <input type="text"/> <input type="text"/> <input type="text"/>	YES .....1 NO .....2
03	SING...1 MULT...2	BOY..1 GIRL .2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO .....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS.....1 <input type="text"/> <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> <input type="text"/> YEARS ....3 <input type="text"/> <input type="text"/> <input type="text"/>	YES .....1 NO .....2
04	SING...1 MULT...2	BOY..1 GIRL .2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO .....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS.....1 <input type="text"/> <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> <input type="text"/> YEARS ....3 <input type="text"/> <input type="text"/> <input type="text"/>	YES .....1 NO .....2
05	SING...1 MULT...2	BOY..1 GIRL .2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO .....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS.....1 <input type="text"/> <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> <input type="text"/> YEARS ....3 <input type="text"/> <input type="text"/> <input type="text"/>	YES .....1 NO .....2
06	SING...1 MULT...2	BOY..1 GIRL .2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO .....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS.....1 <input type="text"/> <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> <input type="text"/> YEARS ....3 <input type="text"/> <input type="text"/> <input type="text"/>	YES .....1 NO .....2
07	SING...1 MULT...2	BOY..1 GIRL .2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO .....2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS.....1 <input type="text"/> <input type="text"/> <input type="text"/> MONTHS.2 <input type="text"/> <input type="text"/> <input type="text"/> YEARS ....3 <input type="text"/> <input type="text"/> <input type="text"/>	YES .....1 NO .....2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETE D YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF [1 YR], PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
08	SING...1 MULT...2	BOY..1 GIRL .2	MONTH <input type="text"/> YEAR <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 MONTHS. 2 YEARS 3	YES 1 NO 2
09	SING...1 MULT...2	BOY..1 GIRL .2	MONTH <input type="text"/> YEAR <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 MONTHS. 2 YEARS 3	YES 1 NO 2
10	SING...1 MULT...2	BOY..1 GIRL .2	MONTH <input type="text"/> YEAR <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 MONTHS. 2 YEARS 3	YES 1 NO 2
11	SING...1 MULT...2	BOY..1 GIRL .2	MONTH <input type="text"/> YEAR <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 MONTHS. 2 YEARS 3	YES 1 NO 2
12	SING...1 MULT...2	BOY..1 GIRL .2	MONTH <input type="text"/> YEAR <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 MONTHS. 2 YEARS 3	YES 1 NO 2

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 (ADD BIRTH AT Q212) ↓ NO 2
-----	---	--

223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE) ↓ CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-----	--	--

224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2000 OR LATER. IF NONE, RECORD '0'.	<input type="text"/>
-----	---	----------------------

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2000, RECORD 'B' NEXT TO THE MONTH OF BIRTH IN THE CALENDAR FOR EACH BIRTH ASK THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF THE PREGNANCY (NOTE : THE NUMBER OF 'P' MUST BE LESS THAN '1' THAN THE NUMBER OF MONTHS THE PREGNANCY LASTED). RECORD THE NAME OF THE CHILD TO THE LET OF THE CODE 'B'.		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	☐ → 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS..... ☐☐	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN..... 1 LATER..... 2 NOT AT ALL..... 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 237
230	When did the last such pregnancy end?	MONTH..... ☐☐ YEAR ☐☐☐☐	
231	CHECK 230: LAST BIRTH ENDED IN ☐ JAN. 2000 OR LATER ▼ LAST BIRTH ENDED BEFORE ☐ JAN. 2000 _____	→ 237	
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS..... ☐☐	
233	Since January 1999 (1), have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 237
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2000. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any pregnancies that terminated before 2000 that did not result in a live birth?	YES 1 NO 2	→ 237
236	When did the last such pregnancy that terminated before 2000 end?	MONTH..... ☐☐ YEAR..... ☐☐☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO.....1 <table border="1" data-bbox="1230 226 1321 271"> <tr><td></td><td></td></tr> </table> WEEKS AGO2 <table border="1" data-bbox="1230 282 1321 327"> <tr><td></td><td></td></tr> </table> MONTHS AGO.....3 <table border="1" data-bbox="1230 338 1321 383"> <tr><td></td><td></td></tr> </table> YEARS AGO4 <table border="1" data-bbox="1230 394 1321 439"> <tr><td></td><td></td></tr> </table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH..... 995 NEVER MENSTRUATED..... 996									
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 240								
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS... 1 DURING HER PERIOD..... 2 RIGHT AFTER HER PERIOD HAS ENDED..... 3 HALFWAY BETWEEN TWO PERIODS... 4 OTHER 6 (SPECIFY) DON'T KNOW 8									
240	Are there children who depend entirely on you ?	YES 1 NO 2	<input type="checkbox"/> → 301								
241	Are there some children aged below 18 years among those who depend entirely on you?	YES 1 NO 2	<input type="checkbox"/> → 301								
242	Now, I would like you to tell about children under 18 who entirely depend on you Have you made arrangements of the person who would take care of the children in case you fall sick or in case you become unable to support them.	YES 1 NO 2 UNSURE 8									



SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	302	
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES.....1 NO .....2 ▾	Have you ever had an operation to avoid having any more children? YES .....1 NO .....2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES.....1 NO .....2 ▾	Have you ever had a partner who had an operation to avoid having any more children? YES .....1 NO .....2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES.....1 NO .....2 ▾	YES .....1 NO .....2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES.....1 NO .....2 ▾	YES .....1 NO .....2
05	INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES.....1 NO .....2 ▾	YES .....1 NO .....2
06	IMPLANTS Women can have several 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 ▾	YES .....1 NO .....2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES.....1 NO .....2 ▾	YES .....1 NO .....2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES.....1 NO .....2 ▾	YES .....1 NO .....2
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES.....1 NO .....2 ▾	YES .....1 NO .....2
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES.....1 NO .....2 ▾	YES .....1 NO .....2
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES.....1 NO .....2 ▾	YES .....1 NO .....2
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES.....1 NO .....2 ▾	YES .....1 NO .....2
12A	BEADS /STANDARD DAYS METHOD (SDM) The woman know days of the month when she can get pregnant by using beads or calendar	YES.....1 NO .....2 ▾	YES .....1 NO .....2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES.....1 NO .....2 ▾	YES .....1 NO .....2
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES.....1 NO .....2 ▾	YES .....1 NO .....2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES.....1 _____ (SPECIFY) _____ (SPECIFY) NO .....2	YES .....1 NO .....2 YES .....1 NO .....2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		→ 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... 1 NO 2	→32 9
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→32 9
310	Are you currently doing something or using any method to delay or to avoid getting pregnant?	YES..... 1 NO 2	→32 9
311 311A	Which method are you using? CIRCLE 'A' FOR FEMALE STERILIZATION. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION..... A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD K PERIODIC ABSTINENCE L WITHDRAWAL M OTHER _____ X (SPECIFY)	→316A
313	In what facility did the sterilization take place? IF SOURCE IS GOVERNMENTAL HOSPITAL, GOVERNMENT ASSISTED HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) IF THE CODES 'A' AND 'B' WERE CIRCLED IN 311, ASK 313-317 ABOUT FEMALE STERILISATION ONLY	PUBLIC SECTOR GOVT. HOSPITAL..... 11 GOVT. ASSISTED HOSP. 12 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC..... 21 PRIVATE DOCTOR..... 23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW..... 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314	<p>CHECK 311:</p> <p>CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/></p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> <p>Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW..... 8</p>	
316	<p>In what month and year was the sterilization performed?</p>	<p>MONTH..... <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
316A	<p>For how long have you been using (1st METHOD LISTED IN Q.311) without stopping?</p> <p>PROBE: In what month and year did you start using (1st METHOD of Q.311) continuously?</p>		
316B	<p>CHECK 316/316A, 215 AND 230:</p> <p>ANY BIRTH IN <u>215</u> OR PREGNANCY IN <u>230</u> TERMINATION AFTER <u>MONTH</u> AND <u>YEAR</u> OF START OF USE OF CONTRACEPTION IN 316/316A</p> <p>GO BACK TO 316/316A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	
317	<p>VÉRIFIER 316/316A :</p> <p>L'ANNÉE EST 2000 OU PLUS TARD <input type="checkbox"/></p> <p>L'ANNÉE EST 1999 OU AVANT <input type="checkbox"/></p>		→ 327
319	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION..... 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD..... 04</p> <p>INJECTABLES..... 05</p> <p>IMPLANTS..... 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>MAMA 11</p> <p>STANDARD DAYS METHOD..... 13</p> <p>WITHDRAWAL 14</p> <p>ABSTINENCE 15</p> <p>OTHER METHOD..... 96</p>	<p>→ 322</p> <p>→ 331</p> <p>↳ 320A</p> <p>↳ 331</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320	Where did you obtain (CURRENT METHOD) when you started using it?	PUBLIC SECTOR GOVT. HOSPITAL..... 11 GOVT. HEALTH CENTER 12 NURSE 13 OTHER PUBLIC..... 16 (SPECIFY)	
320A	Where did you learn to use the MAMA/SDM method? IF SOURCE IS GOVERNMENT HOSPITAL, GOVERNMENT ASSISTED HEALTH FACILITY, HEALTH CENTERS OR CLINIC, A NURSE, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC..... 21 PHARMACY 22 PRIVATE DOCTOR..... 23 ARBEF CLINIC..... 24 FIELDWORKER 25 OTHER PRIVATE MEDICAL 26 (SPECIFY) OTHER SOURCE SHOP 31 CHURCH 32 PARENTS/ FRIEND 33 OTHER 96 (SPECIFY)	
321	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	PILL 03 IUD..... 04 INJECTABLES..... 05 IMPLANTS..... 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN.(MAMA)..... 11 STANDARDS DAYS METHOD 12	→ 32 7 → 326
322	You first obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM 313 OR 320). At that time, were you told about side effects or problems you might have with the method?	YES..... 1 NO 2	→ 32 4
323	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES..... 1 NO 2	→ 32 5
324	Were you told what to do if you experienced side effects or problems?	YES..... 1 NO 2	
325	CHECK 322: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p>  </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p>  </div> </div> <p>When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM 313 OR 320), were you told about other methods of family planning that you could use?</p> <p>At that time, were you told about other methods of family planning that you could use?</p>	YES..... 1 NO 2	→ 32 7
326	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES..... 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327	CHECK 311/311A: CIRCLE METHOD CODE:	FEMALE STERILIZATION..... 01 PILL 03 IUD..... 04 INJECTABLES..... 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 MAMA 11 BEADS /SDM..... 12	→33 1 →33 1 →33 1
328	Where did you obtain (CURRENT METHOD) the last time? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL..... 11 GOVT. HEALTH CENTER 12 NURSE..... 13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC..... 21 PHARMACY 22 PRIVATE DOCTOR..... 23 ARBEF CLINIC..... 24 FIELDWORKER 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER SOURCE SHOP 31 CHURCH 32 PARENTS/ FRIEND 33 OTHER _____ 96 (SPECIFY)	
328A	Did you obtain this method within the last four weeks?	YES..... 1 NO 2	→33 1
328B	How much did you spend on this method including fees for the consultation and purchasing the method?	COST : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 00000 DON'T KNOW..... 99998	] →331
329	Do you know of a place where you can obtain a method of family planning?	YES..... 1 NO 2	→331

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL.....A</p> <p>GOVT. HEALTH CENTER .....B</p> <p>AGENT DBC.....C</p> <p>OTHER PUBLIC.....D (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....E</p> <p>PHARMACY .....F</p> <p>PRIVATE DOCTOR.....G</p> <p>ARBEF CLINIC.....H</p> <p>INFIRMARY.....I</p> <p>OTHER PRIVATE MEDICAL .....J (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP .....K</p> <p>CHURCH .....L</p> <p>PARENTS/ FRIEND .....M</p> <p>OTHER .....X (SPECIFY)</p>	
331	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	<p>YES.....1</p> <p>NO .....2</p>	
332	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	<p>YES.....1</p> <p>NO .....2</p>	→401
333	Did any staff member at the health facility speak to you about family planning methods?	<p>YES.....1</p> <p>NO .....2</p>	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 2000 OR LATER <input type="checkbox"/> NO BIRTHS IN 2000 OR LATER <input type="checkbox"/>	▶487	
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 OR LATER. 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 QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately)		
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/> FROM Q212	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/> FROM Q212
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 407) ◀ <input type="text"/> LATER 2 NOT AT ALL 3 (SKIP TO 407) ◀ <input type="text"/>	THEN 1 (SKIP TO 423) ◀ <input type="text"/> LATER 2 NOT AT ALL 3 (SKIP TO 423) ◀ <input type="text"/>
406	How much longer would you like to have waited?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW /DEPENDS 98	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW /DEPENDS 98
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR A NURSE/MID-WIFE/AUXILIARY MIDWIFE B OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT C UNTRAINED TRAD. BIRTH ATTENDANT D OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 415) ◀ <input type="text"/>	
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
409	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____
409A	Where did you go for the last prenatal visit? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) RECORD ALL THAT ARE MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B OTHER PUBLIC _____ C (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC D PRIVATE DOCTOR E ARBEF CLINIC F INFIRMARY G OTHER PRIVATE MEDICAL _____ H (SPECIFY) OTHER _____ X (SPECIFY)	
409B	Was this consultation done within the last four weeks?	YES 1 NO 2 (SKIP TO 410) ←	
409C	How much did you spend on that prenatal consultation?	COST : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 00000 DON'T KNOW 99998	
409D	Are there (other) medical expenses incurred for that prenatal visit, paid in the pharmacy?	YES 1 NO 2 (SKIP TO 410) ← DON'T KNOW 8	
409E	How much did you spend to the pharmacy for the medicine?	COST : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998	
410	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE <input type="text"/> ↓ (SKIP TO 412) MORE THAN ONCE OR DK <input type="text"/> ↓	
411	How many months pregnant were you the last time you received antenatal care?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
412	During this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT 1 2 HEIGHT 1 2 BLOOD PRESSURE 1 2 URINE SAMPLE 1 2 BLOOD SAMPLE 1 2	
413	Were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 415) ← DON'T KNOW 8	
414	Were you told where to go if you had these complications?	YES 1 NO 2 DON'T KNOW 8	

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8	
416	During this pregnancy, how many times did you get this injection?	TIMES <input type="text"/> DON'T KNOW 8	
417	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS	YES 1 NO 2 (SKIP TO 419) ← DON'T KNOW 8	
418	During the whole pregnancy, for how many days did you take the tablets of iron? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
419	During this pregnancy, did you have difficulty with your vision during the daylight?	YES 1 NO 2 DON'T KNOW 8	
420	During this pregnancy, did you suffer from night blindness [USE LOCAL TERM]?	YES 1 NO 2 DON'T KNOW 8	
421	During this pregnancy, did you take any drugs to prevent you from getting malaria?	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8	
422	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR A AMODIAQUINE B OTHER _____ X (SPECIFY) NE SAIT PAS Z <vérifier avec Lutte contre le Palu>	
422A	CHECK 422 TYPE OF ANTIMALARIAL DRUG USED DURING PREGNANCE	CODE "A" CIRCLED <input type="checkbox"/> ↓ CODE "A" UNCIRCLED <input type="checkbox"/> ↓ (SKIP TO 423)	
422B	How many times did you use SP/Fansidar during this pregnancy	NUMBER OF TIMES..... <input type="text"/> <input type="text"/>	
422C	CHECK 407 : TYPE OF PERSON WHO PROVIDED THE PRENATAL CARE DURING THIS PREGNANCY	CODE "A" CIRCLED <input type="checkbox"/> ↓ OTHER CODE ' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 423)	
422D	Did you get the SP/Fansidar during an antenatal visit, during another visit to a health facility or from some other source?	PRENATAL VISIT 1 OTHER MEDICAL VISIT 2 OTHER SOURCE _____ 6 (SPECIFY)	

		LAST BIRTH	NEXT TO LAST BIRTH
		NAME _____	NAME _____
423	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
424	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 426) ← | DON'T KNOW 8	YES 1 NO 2 (SKIP TO 426) ← | DON'T KNOW 8
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
426	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE/MEDICAL ASSISTANT B OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT C UNTRAINED TRAD. BIRTH ATTENDANT D PARENTS/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE/MEDICAL ASSISTANT B OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT C UNTRAINED TRAD. BIRTH ATTENDANT D PARENTS/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y
427	Where did you give birth to (NAME)? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 (SKIP TO 429) ← | OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 429) ← |	HOME YOUR HOME 11 (SKIP TO 429) ← | OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 429) ← |
427A	CHECK 427 FOR THE LAST BIRTH: WAS BORN IN A HEALTH FACILITY?		
	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ → 428		
427B	CHECK 427 FOR THE LAST BIRTH: WAS BORN IN THE LAST FOUR MONTHS?		
	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ → 428		8

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____
427C	How much did you pay to the facility for the delivery?	COST : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 00000 DON'T KNOW 99998	
427 D	Are there other medical expenses incurred for the delivery which you paid to a pharmacy?	YES 1 NO 2 (SKIP TO 428) ← DON'T KNOW 8	
427E	How much did you pay the pharmacy for the medicine(s)?	COST : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	
428	Was (NAME) delivered by caesarian section?	YES 1 (SKIP TO 433) ← NO 2	YES 1 (SKIP TO 435) ← NO 2
429	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 433) ←	YES 1 NO 2
430	How many days or weeks after the delivery did the first post-natal check take place? RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DEL..... 1 <input type="text"/> <input type="text"/> WEEKS AFTER DEL .. 2 <input type="text"/> <input type="text"/> DON'T KNOW .....98	
431	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR.....11 NURSE/MIDWIFE/ MEDICAL ASSISTANT .....12 OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT.....21 UNTRAINED TRADITIONAL BIRTH ATTENDANT .....22 OTHER _____ 96 (SPECIFY)	
432	Where did this first visit take place? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME .....11 OTHER HOME.....12 PUBLIC SECTOR GOVT. HOSPITAL .....21 GOVT. HEALTH CENTER .....22 DISPENSARY .....23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.....31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	
432A	Was this post-natal check done in the last four weeks?	YES 1 NO 2 (SKIP TO 433) ←	

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____
432B	How much did you spend on this post-natal exam?	COST : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE..... 00000 DON'T KNOW 99998	
432 C	Are there other medical expenses incurred on this post-natal visit which you paid the pharmacy	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8	
432D	How much did you pay to the pharmacy for the medicine?	COST : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	
433	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW AMPULE/CAPSULE/SYRUP.	YES 1 NO 2	
434	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 436) ← NO 2 (SKIP TO 437) ←	
433A	Have you ever suffered from an obstetrical fistule ? (SICKNESS CHARACTERIZED BY THE INCONTROLABLE FLOW OF URINE AND/OR FECES FROM THE VAGINA DUE TO A PERFORATION IN THE WALL OF THE VAGINA)	YES 1 NO 2	
433B	Did you go to a health establishment to seek medical care?	YES 1 NO 2	
435	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 439) ←
436	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW 98
437	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> NANT ▼ PREGNANT <input type="checkbox"/> OR UNSURE (SKIP TO 439) ←	
438	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 440) ←	
439	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW 98
440	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 447) ←	YES 1 NO 2 (SKIP TO 447) ←
441	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"/>	IMMEDIATELY 00 HOURS 1 <input type="text"/> <input type="text"/> DAYS..... 2 <input type="text"/> <input type="text"/>

		LAST BIRTH	NEXT TO LAST BIRTH
		NAME _____	NAME _____
442	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES .....1 NO .....2 (SKIP TO 444) ←	YES .....1 NO .....2 (SKIP TO 444) ←
443	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL LIQUIDS MENTIONED	MILK (OTHER THAN BREAST MILK) .....A PLAIN WATER .....B SUGAR OR GLUCOSE WATER .....C GRYPE WATER FOR COLIC .....D SUGAR-SALT-WATER SOLUTION .....E FRUIT JUICE .....F INFANT FORMULA .....G TEA/INFUSIONS .....H HONEY .....I OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) .....A PLAIN WATER .....B SUGAR OR GLUCOSE WATER .....C GRYPE WATER FOR FOLIC .....D SUGAR-SALT-WATER SOLUTION .....E FRUIT JUICE .....F INFANT FORMULA .....G TEA/INFUSIONS .....H HONEY .....I OTHER _____ X (SPECIFY)
444	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ ↓ (SKIP TO 446)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ ↓ (SKIP TO 446)
445	Are you still breastfeeding (NAME)?	YES .....1 (SKIP TO 448) ← NO .....2	YES .....1 (SKIP TO 448) ← NO .....2
446	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
447	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ ↓ (SKIP TO 450) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ ↓ (SKIP TO 450) (GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454)
448	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS. <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS. <input type="text"/> <input type="text"/>
449	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS .. <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS .. <input type="text"/> <input type="text"/>
450	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
451	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES .....1 NO .....2 DON'T KNOW .....8	YES .....1 NO .....2 DON'T KNOW .....8
452	How many <u>times</u> did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW .....8	NUMBER OF TIMES <input type="text"/> DON'T KNOW .....8
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454.

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
461	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES 1 (PROBE FOR VACCINATIONS ◀) AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460 (SKIP TO 466) ◀ NO 2 (SKIP TO 466) ◀ DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS ◀) AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460 (SKIP TO 466) ◀ NO 2 (SKIP TO 466) ◀ DON'T KNOW 8
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 466) ◀ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 466) ◀ DON'T KNOW 8
463	Please tell me if (NAME) received any of the following vaccinations.		
463A	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	YES 1 NO 2 DON'T KNOW 8
463B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 463E) ◀ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463E) ◀ DON'T KNOW 8
463C	Was the first polio vaccine received in the first two week after birth or later?	FIRST TWO WEEKS 1 LATER 2 DON'T KNOW 8	FIRST TWO WEEKS 1 LATER 2 DON'T KNOW 8
463D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
463E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 463G) ◀ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463G) ◀ DON'T KNOW 8
463F	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
463G	An injection to prevent measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
466	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 469) ◀ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 469) ◀ DON'T KNOW 8
468	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
469	CHECK 466 AND 467: FEVER OR COUGH?	"YES" IN 466 OR 467 OTHER <input type="text"/> ↓ (SKIP TO 475)	"YES" IN 466 OR 467 OTHER <input type="text"/> ↓ (SKIP TO 475)
470	Did you seek advice or treatment for the fever/cough?	YES 1 NO 2 (SKIP TO 472) ◀	YES 1 NO 2 (SKIP TO 472) ◀

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
471	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B AGENT DBC C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC E PHARMACY F PRIVATE DOCTOR G ARBEF CLINIC H INFIRMARY I OTHER PRIVATÉ MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP K TRAD. PRACTITIONER L OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B AGENT DBC C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC E PHARMACY F PRIVATE DOCTOR G ARBEF CLINIC H INFIRMARY I OTHER PRIVATÉ MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP K TRAD. PRACTITIONER L OTHER _____ X (SPECIFY)
472	CHECK 466: HAD FEVER?	"YES" IN 466 "NO"/"DK" IN 466 <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 475)	"YES" IN 466 "NO"/"DK" IN 466 <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 475)
472A	Does (NAME) have fever now?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
472B	Has (NAME) had convulsions at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
472C	CHECK 466 and 472B: HAD FEVER OR CONVULSIONS?	"YES" IN 466 OR 472B <input type="checkbox"/> ↓	"NO"/"DK" IN 466 <input type="checkbox"/> ↓ (SKIP TO 475)
473	Did (NAME) take any drugs for the fever?	YES 1 NO 2 (SKIP TO 474A) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 474A) ← DON'T KNOW 8
474	What drugs did (NAME) take? RECORD ALL MENTIONED. ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	ANTI-MALARIALS SP/FANSIDAR A AMODIAQUIN B QUININE C OTHER DRUGS ASPIRIN D PANADOL E IBUPROFEN/ACETAMINOPHEN . F OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTI-MALARIALS SP/FANSIDAR A AMODIAQUIN B QUININE C OTHER DRUGS ASPIRIN D PANADOL E IBUPROFEN/ACETAMINOPHEN . F OTHER _____ X (SPECIFY) DON'T KNOW Z
474A	Did (NAME) have an injection or a suppository have to treat (the fever/ convulsions)?	INJECTION A SUPPOSITORY B NONE Y DON'T KNOW Z	INJECTION A SUPPOSITORY B NONE Y DON'T KNOW Z
474B	CHECK 474 : WHICH MEDICINE?	CODE 'A' CIRCLED CODE 'A' NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 474F)	CODE 'A' CIRCLED CODE 'A' NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 474F)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
474C	For how long after starting (the fever/ convulsions) did (NAME) start taking SP/Fansidar?	SAME DAY..... 1 THE FOLLOWING DAY 2 TWO DAYS AFTER 3 THREE DAYS OR LONGER AFTER 4 DON'T KNOW 8	SAME DAY..... 1 THE FOLLOWING DAY 2 TWO DAYS AFTER 3 THREE DAYS OR LONGER AFTER 4 DON'T KNOW 8
474D	How many successive days did (NAME) take SP/Fansidar? IF 7 DAYS + , RECORD 7	DAYS..... <input type="checkbox"/> DON'T KNOW 8	DAYS..... <input type="checkbox"/> DON'T KNOW 8
474E	Was the SP/Fansidar available at home or did you get it from some where else? IF MORE THAN ONE SOURCE MENTIONED, ASK Where did you get the SP/Fansidar first?	AT HOME..... 1 OTHER SOURCE 2 DON'T KNOW 8	AT HOME..... 1 OTHER SOURCE 2 DON'T KNOW 8
474F	CHECK 474 : WHICH MEDICINE?	CODE " B" CIRCLED <input type="checkbox"/> ↓ CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 474J)	CODE " B" CIRCLED <input type="checkbox"/> ↓ CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 474J)
474G	For how long after the start of the (fever/ convulsions) did (NAME) start taking the Amodiaquine?	SAME DAY..... 1 THE FOLLOWING DAY 2 TWO DAYS AFTER 3 THREE DAYS OR LONGER AFTER 4 DON'T KNOW 8	SAME DAY..... 1 THE FOLLOWING DAY 2 TWO DAYS AFTER 3 THREE DAYS OR LONGER AFTER 4 DON'T KNOW 8
474H	How many successive days did (NAME) take Amodiaquine? IF 7 DAYS + , RECORD 7	DAYS..... <input type="checkbox"/> DON'T KNOW 8	DAYS..... <input type="checkbox"/> DON'T KNOW 8
474I	Was the Amodiaquine available at home or did you get it from some where else? IF MORE THAN ONE SOURCE MENTIONED, ASK Where did you get the Amodiaquine first?	AT HOME..... 1 OTHER SOURCE 2 DON'T KNOW 8	AT HOME..... 1 OTHER SOURCE 2 DON'T KNOW 8
474J	CHECK 474 : WHICH MEDICINE?	CODE " C" CIRCLED <input type="checkbox"/> ↓ CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 474N)	CODE " C" CIRCLED <input type="checkbox"/> ↓ CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 474N)
474K	For how long after starting (the fever/ convulsions) did (NAME) start taking the quinine?	SAME DAY..... 1 THE FOLLOWING DAY 2 TWO DAYS AFTER 3 THREE DAYS OR LONGER AFTER 4 DON'T KNOW 8	SAME DAY..... 1 THE FOLLOWING DAY 2 TWO DAYS AFTER 3 THREE DAYS OR LONGER AFTER 4 DON'T KNOW 8
474L	How many successive days did (NAME) take quinine? IF 7 DAYS + , RECORD 7	DAYS..... <input type="checkbox"/> DON'T KNOW 8	DAYS..... <input type="checkbox"/> DON'T KNOW 8
474 M	Was the quinine available at home or did you get it from somewhere else? IF MORE THAN ONE SOURCES MENTIONED; ASK Where did you get quinine first?	AT HOME..... 1 OTHER SOURCE 2 DON'T KNOW 8	AT HOME..... 1 OTHER SOURCE 2 DON'T KNOW 8
474N	Did (NAME) use other way (different) to treat (the fever/ convulsions)?	YES 1 NO 2 (SKIP TO 475) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 475) ← DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
4740	What was done about the (fever/ convulsions) of (NAME)?	CONSULTED TRADITIONAL HEALER A COMPRESS WITH A WET CLOTH. B HERBAL MEDICINES C OTHER _____ X (SPECIFY)	CONSULTED TRADITIONAL HEALER A COMPRESS WITH A WET CLOTH. B HERBAL MEDICINES C OTHER _____ X (SPECIFY)
475	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 483) ◀ | DON'T KNOW 8	YES 1 NO 2 (SKIP TO 483) ◀ | DON'T KNOW 8
476	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
477	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
478	Was he/she given any of the following to drink: a A liquid made from a special packet called SERUMU? b A government-recommended homemade liquid?	YES NO DK LIQUID FROM ORS PKT ... 1 2 8 HOMEMADE LIQUID 1 2 8	YES NO DK LIQUID FROM ORS PKT ... 1 2 8 HOMEMADE LIQUID 1 2 8
479	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 481) ◀ | DON'T KNOW 8	YES 1 NO 2 (SKIP TO 481) ◀ | DON'T KNOW 8
480	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS MENTIONED.	PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)	PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)
481	Did you seek advice or treatment for the diarrhea?	YES 1 NO 2 (SKIP TO 483) ◀ |	YES 1 NO 2 (SKIP TO 483) ◀ |

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
482	<p>Where did you seek advice or treatment?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Anywhere else?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>AGENT DBC C</p> <p>OTHER PUBLIC _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC E</p> <p>PHARMACY F</p> <p>PRIVATE DOCTOR G</p> <p>ARBEF CLINIC H</p> <p>INFIRMARY I</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ J</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP K</p> <p>TRAD. PRACTITIONER L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>AGENT DBC C</p> <p>OTHER PUBLIC _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC E</p> <p>PHARMACY F</p> <p>PRIVATE DOCTOR G</p> <p>ARBEF CLINIC H</p> <p>INFIRMARY I</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ J</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP K</p> <p>TRAD. PRACTITIONER L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
483		GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 486.	GO BACK TO 456 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 486.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
486	CHECK 478A, ALL COLUMNS: NO CHILD RECEIVED LIQUID FROM ORS PACKET <input type="checkbox"/> A CHILD RECEIVED LIQUID FROM ORS PACKET <input type="checkbox"/>	----- <input type="checkbox"/> ----- ----- <input type="checkbox"/> -----	▶488																								
487	Have you ever heard of a special product called SERUMU you can get for the treatment of diarrhea?	YES.....1 NO.....2																									
488	CHECK 218: HAS ONE OR MORE CHILDREN LIVING WITH HER <input type="checkbox"/> HAS NO CHILDREN LIVING WITH HER <input type="checkbox"/>	----- <input type="checkbox"/> ----- ----- <input type="checkbox"/> -----	▶490																								
489	When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment? IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether the child should be taken for medical treatment?	YES.....1 NO.....2 DEPENDS3																									
490	Now I would like to ask you some questions about medical care for you yourself. 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? Knowing where to go. Getting permission to go. Getting money needed for treatment. The distance to a health facility. Having to take transport. Not wanting to go alone. Concern that there may not be a female health provider.	<table border="0"> <thead> <tr> <th></th> <th>BIG PROBLEM</th> <th>NOT A BIG PROBLEM</th> </tr> </thead> <tbody> <tr> <td>Knowing where to go.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Getting permission to go.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Getting money needed for treatment.</td> <td>1</td> <td>2</td> </tr> <tr> <td>The distance to a health facility.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Having to take transport.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Not wanting to go alone.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Concern that there may not be a female health provider.</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	Knowing where to go.	1	2	Getting permission to go.	1	2	Getting money needed for treatment.	1	2	The distance to a health facility.	1	2	Having to take transport.	1	2	Not wanting to go alone.	1	2	Concern that there may not be a female health provider.	1	2	
	BIG PROBLEM	NOT A BIG PROBLEM																									
Knowing where to go.	1	2																									
Getting permission to go.	1	2																									
Getting money needed for treatment.	1	2																									
The distance to a health facility.	1	2																									
Having to take transport.	1	2																									
Not wanting to go alone.	1	2																									
Concern that there may not be a female health provider.	1	2																									
490A	Do you currently smoke cigarettes or tobacco? IF YES: What do you smoke? RECORD ALL THAT IS MENTIONED.	YES, CIGARETTES.....A YES, PIPE.....B YES, OTHER TOBACCOC NO.....Y																									
490B	CHECK 490: CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/>	----- <input type="checkbox"/> ----- ----- <input type="checkbox"/> -----	▶490 D																								
490C	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>																									
490D	Do you know how people contract malaria in your community?	YES.....1 NO.....2	-▶490G																								
490E	How can they catch malaria? RECORD ALL THAT IS MENTIONED.	WHEN IT IS COLDA WHEN IT IS HOTB CHANGE OF SEASON.....C MOSQUITOSD HUGGING.....E EXPOSURE TO THE SUNF WITCHCRAFT /SORCERYG OTHER _____ X (SPECIFY)																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
490F	What can you do to avoid catching malaria? RECORD ALL THAT IS MENTIONED.	REMAIN INDOORS .....A SLEEP UNDER MOSQUITO-NET .....B AVOID MOSQUITO BITES .....C USE INSECTICIDES .....D BURN LEAVES/BUSHES .....E WEAR WARM CLOTHES .....F TAKE ANTI-MALARIALS .....G OTHER _____ X (SPECIFY) DON'T KNOW .....Z		
490G	CHECK 226: CURRENTLY PREGNANT <input type="checkbox"/> NOT PREGNANT OR NOT SURE <input type="checkbox"/>		→ 491	
490H	Did you suffer from fever, at one unspecified moment, during the last two weeks?	YES 1 NO 2	→ 491	
490I	Did you take anti fever drugs the last time you suffered ?	YES 1 NO 2	→ 491	
490J	Which drugs did you take? TO ASK SEE THE MEDICINE(S). IF NOT SEEN, SHOW MEDICINES TO THE RESPONDENT RECORD ALL THAT ARE MENTIONED FOR EACH ANTI-MALARIA, ASK: How long after the fever started did you start taking it (NAME OF the DRUG)? CODES IN DAY: SAME DAY = 0 1 DAY AFTER FEVER = 1 2 DAYS AFTER FEVER = 2 3 DAYS OR MORE = 3	ANTIMALARIALS AMODIAQUINE .....A FANSIDAR .....B QUININE .....C UNKNOWN MEDICINES...D OTHER .....E OTHER MEDICAMENTS ASPIRIN .....F PARACETAMOL .....G OTHER .....X DON'T KNOW .....Z	SAME DAY=0 A DAY AFTER FEVER =1 TWO DAYS AFTER FEVER =2 THREE DAYS AFTER OR MORE =3	
490K	In total, how much did you spend on drugs the last time you had fever?	COST : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE .....00000 DON'T KNOW .....99998		
491	CHECK 215 AND 218: HAS AT LEAST ONE CHILD BORN IN 2002 OR LATER AND LIVING WITH HER <input type="checkbox"/> DOES NOT HAVE ANY CHILDREN BORN IN 2002 OR LATER AND LIVING WITH HER <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492) _____ (NAME)		→ 499B	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
492	<p>Now I would like to ask you about liquids (NAME FROM Q. 491) drank over the last seven days, including yesterday.</p> <p>How many <u>days</u> during last seven days did (NAME FROM Q. 491) drink each of the following?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)?</p> <p>a Plain water?</p> <p>b Commercially produced infant formula such as Cerelac, soya, sorgho?</p> <p>c Any other milk such as tinned, powdered, or fresh animal milk?</p> <p>d Natural fruit juice?</p> <p>e Other liquids such as sugar water, tea, coffee, sodas?</p> <p>f Broth or soup?</p> <p>g Any other liquid of any time?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p>
493	<p>Now I would like to ask you about the types of foods (NAME FROM Q. 491) ate over the last seven days, including yesterday.</p> <p>How many <u>days</u> during last seven days did (NAME FROM Q. 491) eat each of the following foods either separately or combined with other food?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) eat (ITEM)?</p> <p>a Cereals and staple foods made from grains [porridge, sorgho, corn, rice, wheat, mush, other local cereals?]</p> <p>b Pumpkin, red or yellow yams or squash, carrots, or red sweet potatoes?</p> <p>c Any other food made from roots or tubers [e.g. white potatoes, white yams, manioc, cassava, or other local roots/tubers?]</p> <p>d Any green leafy vegetables?</p> <p>e Mango, papaya [or other local Vitamin A rich fruits?]</p> <p>f Any other fruits and vegetables [e.g. bananas, apples, applesauce, green beans, avocados, tomatoes?]</p> <p>g Meat, poultry, fish, shellfish, or eggs?</p> <p>h Any food made from legumes [e.g. lentils, beans, soybeans, pulses, or peanuts?]</p> <p>i Cheese or yoghurt?</p> <p>j Any food made with oil, fat, or butter?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
499B	<p>Now I would like to ask you some questions about your health in the last six months.</p> <p>During the last six months, did you have an injection for any reason?</p> <p>IF YES: how many injections did you have?</p> <p>IF THE NUMBER OF INJECTIONS IS GREATER THAN '94', OR IF THEY WERE RECEIVED DAILY FOR THREE MONTHS OR MORE, RECORD '95'.</p> <p>IF THE RESPONSE IS NOT NUMERIC, PROBE TO HAVE A NUMERIC RESPONSE.</p>	<p>NUMBER OF INJECTIONS.. <input type="text"/> <input type="text"/></p> <p>NONE.....00</p>	<p>→501</p>
499C	<p>Of these injections, how many were given by a doctor, nurse, pharmacist, dentist or other health personnel?</p> <p>IF THE NUMBER OF INJECTIONS IS GREATER THAN '94', OR IF THEY WERE RECEIVED DAILY FOR THREE MONTHS OR MORE, RECORD '95'.</p> <p>IF THE RESPONSE IS NOT NUMERIC, PROBE TO HAVE A NUMERIC RESPONSE.</p>	<p>NUMBER OF INJECTIONS.. <input type="text"/> <input type="text"/></p> <p>NONE.....00</p>	<p>→501</p>
499D	<p>THE LAST TIME YOU HAD AN INJECTION, WHERE DID YOU GET IT FROM?</p> <p>IF IT IS A HOSPITAL, A HEALTH CENTER OR A PRIVATE CLINIC, WRITE NAME OF THE FACILITY. INSIST TO DETERMINE TYPE OF SECTOR AND ENCIRCLE THE SUITABLE CODE.</p> <p>_____</p> <p>(NAME OF THE FACILITY)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL..... 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>AGENT DBC 13</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>DENTIST 22</p> <p>PHARMACY 23</p> <p>PRIVATE DOCTOR/NURSE 24</p> <p>ARBIF CLINIC 25</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER PLACE</p> <p>HOME 31</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
499E	<p>The last time you had an injection, the person who carried out the injection took the syringe and needle from new packing and which was not open?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a man?	YES, CURRENTLY MARRIED..... 1 YES, LIVING WITH A MAN..... 2 NO, NOT CURR. IN UNION..... 3	<input type="checkbox"/> → 504
502	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED..... 1 YES, LIVED WITH A MAN..... 2 NO, NEVER IN UNION..... 3	→ 518
503	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED..... 1 DIVORCED..... 2 SEPARATED..... 3	<input type="checkbox"/> → 510
504	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER..... 1 STAYING ELSEWHERE..... 2	
505	RECORD THE HUSBAND- NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
506	What age was your partner at the last anniversary?	AGE IN COMPLETED YRS <input type="text"/> <input type="text"/>	
507	Does your husband/partner have any other wives besides yourself?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 510 → 510
508	How many other wives does he have?	NUMBER..... <input type="text"/> <input type="text"/> DON'T KNOW..... 98	
509	Are you the first, second ... wife?	RANK..... <input type="text"/> <input type="text"/>	
510	Have you been married or lived with a man only once, or more than once?	ONCE..... 1 MORE THAN ONCE..... 2	
511	CHECK 510: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE</p> <input type="checkbox"/> <p>▼</p> <p>In what month and year did you start living with your husband/partner?</p> </div> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE</p> <input type="checkbox"/> <p>▼</p> <p>Now we will talk about your first husband/partner. In what month and year did you start living with him?</p> </div> </div>	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	→ 513
512	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/>	
513	CHECK 503: THE RESPONDENT IS A WIDOW? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>NOT ASKED OR NOT WIDOW</p> <input type="checkbox"/> <p>▼</p> </div> <div style="text-align: center;"> <p>WIDOW</p> <input type="checkbox"/> _____ </div> </div>		→ 516
514	CHECK 510: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED MORE THAN ONCE</p> <input type="checkbox"/> <p>▼</p> </div> <div style="text-align: center;"> <p>MARRIED ONCE</p> <input type="checkbox"/> _____ </div> </div>		→ 518
515	How did your last union end?	DEATH/WIDOW..... 1 DIVORCE..... 2 SEPARATION..... 8	→ 518

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516	Who inherited the largest share of the wealth from your previous husband?	RESPONDENT .....1 ANOTHER WIFE.....2 CHILDREN.....3 FAMILY OF THE WIFE .....4 OTHER _____ 5 (SPECIFY) NO WEALTH.....6	→518
517	Did you receive any valuable possessions from your previous husband?	YES .....1 NO.....2	
518	CHECK FOR PRESENCE OF OTHER PEOPLE BEFORE CONTINUING, DO EVERYTHING POSSIBLE TO ENSURE THAT YOU ARE IN PRIVACY		
519	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER..... 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER ... 95	→521 →521
520	Do you intend to wait until you are married to start having sexual intercourse?	YES.....1 NO.....2 DON'T KNOW/NOT SURE.....3	→544
521	CHECK 106: 15-24 <input type="checkbox"/> YEARS 25-49 <input type="checkbox"/> YEARS		→526
522	The first time you had sexual intercourse, was a condom used?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8	→523 →523
522A	What was the main reason for using a condom at this time?	RESPONDENT WANTED TO PREVENT STD/HIV.....1 RESPONDENT WANTED TO PREVENT PREGNANCY .....2 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY. ... 3 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS ..4 PARTNER REQUESTED/INSISTED.....5 OTHER _____ 6 (SPECIFY) DON'T KNOW.....8	
523	How old was the person with whom you had your first sexual relations?	AGE OF PARTNER..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	→526
524	Was this person older than you, younger than you, or was approximately the same age as you?	OLDER.....1 YOUNGER.....2 SAME AGE .....3 DK/DON'T REMEMBER.....8	→526
525	Would you say that this person had ten years more than you or more, or less than ten years more than you?	TEN OR MORE YEARS.....1 LESS THAN TEN YEARS.....2 OLDER, DK HOW MANY YEARS.....3	
526	When was the last time you had sexual relations?	___ DAYS AGO..... <input type="text"/> <input type="text"/> <input type="text"/> ___ WEEKS AGO <input type="text"/> <input type="text"/> ___ MONTHS AGO..... <input type="text"/> <input type="text"/> ___ YEARS AGO <input type="text"/> <input type="text"/>	

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER																																																
527	The last time you had sexual intercourse with this (second/third) person, was a condom used? (2)	YES 1 NO 2 (SKIP TO 529) ←	YES 1 NO 2 (SKIP TO 529) ←	YES 1 NO 2 (SKIP TO 529) ←																																																
527A	What is the main reason that you used a condom?	RESPOND. WANTED TO AVOID STD 1 RESPOND. WANTED TO AVOID GETTING PREGNANT 2 RESPOND. WANTED TO AVOID STD AND GETTING PREG. 3 RESPOND. DIDN'T HAVE CONFIDENCE IN PARTNER / SUSPECTED PARTNER OF HAVING SEX WITH OTHERS 4 PARTNER REQUESTED 5 OTHER: 6 _____ (SPECIFY) DNK 7 1 2 3 4 5 6 7 1 2 3 4 5 6 7																																																
528	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2																																																
529	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 531) ←	YES 1 NO 2 (SKIP TO 531) ←	YES 1 NO 2 (SKIP TO 531) ←																																																
530	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4																																																
531	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND/GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	HUSBAND/WIFE 01 (SKIP TO 537) ← LIVE-IN PARTNER 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER 96 (SPECIFY)	HUSBAND/WIFE 01 (SKIP TO 537) ← LIVE-IN PARTNER 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER 96 (SPECIFY)	HUSBAND/WIFE 01 (SKIP TO 537) ← LIVE-IN PARTNER 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER 05 OTHER 96 (SPECIFY)																																																
532	For how long have you had sexual relations with this person? IF THE RESPONDENT HAD ONLY HAD SEXUAL RELATIONS ONE TIME, RECORD '01' DAYS.	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS ... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS ... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS ... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																
533	CHECK 103:	15-24 25-49 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> ↓ (SKIP TO 537) ←			15-24 25-49 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> ↓ (SKIP TO 537) ←			15-24 25-49 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> ↓ (SKIP TO 537) ←																																												
534	How old is this person?	AGE OF PARTNER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> (SKIP TO 537) ← DON'T KNOW 98			AGE OF PARTNER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> (SKIP TO 537) ← DON'T KNOW 98			AGE OF PARTNER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> (SKIP TO 537) ← DON'T KNOW 98																																												

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
535	Is this person older than you, younger than you, or about the same age?	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 537) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 537) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 537) ←
536	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3
537	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 527 ← IN NEXT COLUMN) NO 2 (SKIP TO 539) ←	YES 1 (GO BACK TO 527 ← IN NEXT COLUMN) NO 2 (SKIP TO 539) ←	

INSERT EXCEL SECTION FOR Q 527-537, P. 33-34

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
539	<p>In all, with how many different people have you had sexual relations with in the <u>past 12 months</u>?</p> <p>IN CASE OF A NON-NUMERICAL ANSWER, INSIST TO OBTAIN ESTIMATION. IF THE NUMBER IS GREATER THAN ' 95 ', RECORD ' 95 ';</p>	<p>NUMBER OF PARTNERS <input type="text"/> <input type="text"/></p>	
539	<p>In all, with how many different people have you had sexual relations with <u>in your whole life</u>?</p> <p>IN CASE OF A NON-NUMERICAL ANSWER, INSIST TO OBTAIN ESTIMATION. IF THE NUMBER IS GREATER THAN ' 95 ', RECORD ' 95 ';</p>	<p>NUMBER OF PARTNERS <input type="text"/> <input type="text"/></p>	
540	<p>CHECK THE COVER PAGE: ADDITIONAL QUESTIONS ON SEXUAL ACTIVITY FOR MALES (1) OR FEMALES (2) _____</p> <p>ADDITIONAL QUESTIONS FOR FEMALE INTERVIEW <input type="checkbox"/> (COVER PAGE =2) ADDITIONAL QUESTIONS FOR MALE INTERVIEW (COVER PAGE =1) <input type="checkbox"/></p>		→ 544
541	CHECK PRESENCE OF OTHER PEOPLE	<p>PRIVACY OBTAINED .....1 PRIVACY IMPOSSIBLE .....2</p>	→ 544
542	The first time you had sexual intercourse, did you want to have sex or you were forced against your will?	<p>ACCEPTED .....1 FORCED .....2 REFUSE TO RESPOND/ NO RESPOND .....3</p>	
543	In the last 12 months, did someone force you to have sex against your will?	<p>YES .....1 NO .....2 REFUSE TO RESPOND/ NO RESPONSE .....3</p>	
544	Do you know of a place where a person can get condoms?	<p>YES .....1 NO .....2</p>	→ 601
545	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR GOVT. HOSPITAL .....A GOVT. HEALTH CENTER .....B AGENT DBC .....C OTHER PUBLIC D</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC .....E PHARMACY .....F PRIVATE DOCTOR .....G ARBEF CLINIC .....H INFIRMARY .....I OTHER PRIVATE MEDICAL J</p> <p>OTHER SOURCE SHOP/KIOSK/STREET .....K CHURCH .....L FRIENDS/RELATIVES .....M</p> <p>OTHER .....X (SPECIFY)</p>	
546	If you wanted to, could you yourself get a condom?	<p>YES .....1 NO .....2 DON'T KNOW/UNSURE .....8</p>	
546A	Do you know of a place where you can buy condoms by walking?	<p>YES .....1 NO .....2</p>	→ 601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
546 B	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>AGENT DBC C</p> <p>OTHER PUBLIC</p> <p>D</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC E</p> <p>PHARMACY F</p> <p>PRIVATE DOCTOR G</p> <p>ARBEP CLINIC H</p> <p>NURSE I</p> <p>OTHER PRIVATE MEDICAL</p> <p>J</p> <p>OTHER SOURCE</p> <p>SHOP K</p> <p>CHURCH L</p> <p>FRIENDS/RELATIVES M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>				
546 C	<p>How long does it take you to get to the closest place to buy a condom?</p>	<p>MINUTES..... <table border="1" data-bbox="1141 813 1278 869"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table></p> <p>ON THE SPOT..... 998</p>				

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→614
602	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD..... 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 NOT PREGNANT/UNDECIDED/ DON'T KNOW..... 4 PREGNANT/UNDECIDED/DON'T KNOW 5	→604 →614 →610 →608
603	CHECK 226: NOT PREGNANT OR NOT SURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS..... 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE..... 995 OTHER 996 (SPECIFY) DON'T KNOW..... 998	→609 →614 →609
604	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→610
605	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/> CURRENTLY NOT USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→608
606	CHECK 603: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 602:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any other reason?</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?</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>SUBFECUND/INFECUND.....E</p> <p>POSTPARTUM AMENORRHEIC.....F</p> <p>BREASTFEEDING.....G</p> <p>FATALISTIC.....H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED.....I</p> <p>HUSBAND/PARTNER 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>HEALTH CONCERNS.....O</p> <p>FEAR OF SIDE EFFECTS.....P</p> <p>LACK OF ACCESS/TOO FAR.....Q</p> <p>COSTS TOO MUCH.....R</p> <p>INCONVENIENT TO USE.....S</p> <p>INTERFERES WITH BODY'S NATURAL PROCESSES.....T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW.....Z</p>	
608	<p>In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?</p>	<p>BIG PROBLEM.....1</p> <p>SMALL PROBLEM.....2</p> <p>NO PROBLEM.....3</p> <p>SAYS SHE CAN'T GET PREGNANT/ NOT HAVING SEX.....4</p>	
609	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		→614
610	<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>	→612
611	<p>Which contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION.....01</p> <p>MALE STERILIZATION.....02</p> <p>PILL.....03</p> <p>IUD.....04</p> <p>INJECTABLES.....05</p> <p>IMPLANTS.....06</p> <p>CONDOM.....07</p> <p>FEMALE CONDOM.....08</p> <p>DIAPHRAGM.....09</p> <p>FOAM/JELLY.....10</p> <p>LACTATIONAL AMEN. METHOD.....11</p> <p>PERIODIC ABSTINENCE.....12</p> <p>WITHDRAWAL.....13</p> <p>BEADS /SDM.....14</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE.....98</p>	→614

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED..... 11 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COSTS TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→614
613	Would you ever use a contraceptive method if you were married?	YES 1 NO 2 DON'T KNOW 8	
614	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER 00 NUMBER <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→616 →616
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	
616	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 3	
617	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2	
619	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES 1 NO 2	→621

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
620	With whom? Anyone else? RECORD ALL PERSONS MENTIONED.	HUSBAND/PARTNERA MOTHERB FATHERC SISTER(S)D BROTHER(S)E DAUGHTERF SONG MOTHER-IN-LAWH FRIENDS/NEIGHBORSI OTHER _____ X (SPECIFY)																					
621	CHECK 501: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→628																				
622	CHECK 311/311A: ANY CODE CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		→624																				
623	You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's decision or did you both decide together?	MAINLY RESPONDENT1 MAINLY HUSBAND/PARTNER.....2 JOINT DECISION3 OTHER _____ 6 (SPECIFY)																					
624	Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES1 DISAPPROVES2 DON'T KNOW8																					
625	In the past 12 months, how often have you talked to your husband/partner about family planning?	NEVER1 ONCE OR TWICE2 MORE OFTEN3																					
626	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→628																				
627	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER1 MORE CHILDREN2 FEWER CHILDREN3 DON'T KNOW8																					
628	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She knows her husband has sex with other women? She has recently given birth? She is tired or not in the mood?	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right;">YES</td> <td style="text-align:right;">NO</td> <td style="text-align:right;">DK</td> </tr> <tr> <td>HAS STD</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td style="text-align:right;">8</td> </tr> <tr> <td>OTHER WOMEN</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td style="text-align:right;">8</td> </tr> <tr> <td>RECENT BIRTH</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td style="text-align:right;">8</td> </tr> <tr> <td>TIRED/MOOD</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td style="text-align:right;">8</td> </tr> </table>		YES	NO	DK	HAS STD	1	2	8	OTHER WOMEN	1	2	8	RECENT BIRTH	1	2	8	TIRED/MOOD	1	2	8	
	YES	NO	DK																				
HAS STD	1	2	8																				
OTHER WOMEN	1	2	8																				
RECENT BIRTH	1	2	8																				
TIRED/MOOD	1	2	8																				
629	When a woman knows that her husband has a sexually transmitted disease, this justified that she asks him to use a condom during sexual intercourse?	YES.....1 NO.....2 DON'T KNOW.....8																					
630	CHECK 501: CURRENTLY IN UNION <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→701																				
631	Can you refuse to have the sexual relations with your husband/partner when you do not wish to have some?	YES..... 1 NO..... 2 IT DEPENDS/NOT SURE.....8																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
632	Can you ask your husband/partner to use a condom if you want him to use it?	YES..... 1 NO..... 2 IT DEPENDS/NOT SURE.....8	

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 501 AND 502: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/>	NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/>	→703 →707
703	Did your (last) husband/partner ever attend school?	YES 1 NO 2	→706
704	What was the highest level of school he attended: Primary, reformed primary, post-primary, secondary, or higher?	PRIMARY (FORMER OR NEW) 1 PRIMARY REFORMED 2 POST PRIMARY/FAMIL/CERAR/CERAI .. 2 SECONDARY 4 HIGHER 5 DON'T KNOW 8	→706
705	What was the highest (class/year) he completed at that level?	CLASS/YEAR <input type="text"/> DON'T KNOW 8	
706	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> What is your husband's/partner's occupation? That is, what kind of work does he mainly do? What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?	<input type="text"/> <input type="text"/> <input type="text"/>	
707	Aside from your own housework, are you currently working?	YES 1 NO 2	→710
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES 1 NO 2	→710
709	Have you done any work in the last 12 months?	YES 1 NO 2	→719
710	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> <input type="text"/>	
711	CHECK 710: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→713
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4 SHARECROPPER 5	
713	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	
714	Do you usually work at home or away from home?	HOME 1 AWAY 2	
715	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	Are you paid or do you earn 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	↳719
717	Who mainly decides how the money you earn will be used?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5	
718	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE 1 LESS THAN HALF 2 ABOUT HALF 3 MORE THAN HALF 4 ALL 5 NONE, HER INCOME IS ALL SAVED. 6	
719	Who in your family usually has the final say on the following decisions: Your own health care? Making large household purchases? Making household purchases for daily needs? Visits to family or relatives? What food should be cooked each day?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6	
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)	PRES/ LISTEN. PRES/ NOT LISTEN. NOT PRES CHILDREN <10 YRS... 1 2 8 HUSBAND 1 2 8 OTHER MALES 1 2 8 OTHER FEMALES 1 2 8	
721	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8	

SECTION 8: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→844																
802	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8																	
803	Can a person get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
804	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
805	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
806	Can people reduce their chances of getting the AIDS virus by abstaining from sex?	YES 1 NO 2 DON'T KNOW 8																	
807	Can people get the AIDS virus by sorcery or supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
808	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	☐ →810																
809	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEXA USE CONDOMSB LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTESE AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERSF AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONSI AVOID INJECTIONS J AVOID SHARING RAZORS/BLADESK AVOID KISSING L AVOID MOSQUITO BITESM SEEK PROTECTION FROM TRADITIONAL PRACTITIONER..... N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z																	
810	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
811	Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREG</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY... ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	DURING PREG	1	2	8	DURING DELIVERY... ..	1	2	8	BREASTFEEDING	1	2	8	
	YES	NO	DK																
DURING PREG	1	2	8																
DURING DELIVERY... ..	1	2	8																
BREASTFEEDING	1	2	8																
812	CHECK 811: AT LEAST ONE 'YES' <input type="checkbox"/> <input type="checkbox"/>	OTHER <input type="checkbox"/> _____	→814																
813	Are there special drugs that a doctor or a nurse can give a woman infected by the virus of the AIDS to reduce the risk of transmission to his baby?	YES1 NO2 DON'T KNOW8																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Are there special drugs that the people infected with the AIDS virus can obtain from a doctor or a nurse?	YES.....1 NO.....2 DON'T KNOW.....8	
815	CHECK 215: NO BIRTHS <input type="checkbox"/> LAST BIRTH SINCE JANUARY 2003 <input type="checkbox"/> LAST BIRTH BEFORE JANUARY 2003 <input type="checkbox"/>		→824 →824
816	CHECK 407: SAW SOMEONE FOR PRENATAL CARE <input type="checkbox"/> DID NOT SEE ANYONE FOR PRENATAL CARE <input type="checkbox"/>		→824
817	Now I would like to ask some questions about your last birth. During one of the antenatal visits for this pregnancy, did anyone speak to you about one of the following subjects: Babies who contract the AIDS virus from their mother? The things that one can do not to contract AIDS? Conducting a test for AIDS?	YES NO DK MOTHERS VIRUS 1 2 8 THINGS TO DO 1 2 8 AIDS TEST 1 2 8	
818	Within the framework of this prenatal care, did someone propose to you to carry out a test for AIDS?	YES 1 NO 2	
819	I do not want to know the results but did you carry out a test for AIDS within the framework of your prenatal care?	YES 1 NO 2	→824
820	I do not want to know the results but did you obtain the results of the test?	YES 1 NO 2	
821	Where was the test done? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL.....11 GOVT. HEALTH CENTER .....12 VCT CENTER.....13 OTHER PUBLIC _ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PRIVATE DOCTOR.....22 VCT CENTER.....23 ARBEF CLINIC.....24 INFIRMARY .....25 YOUTH CENTER .....26 OTHER PRIVATE MEDICAL ____ 27 (SPECIFY)	
822	Did you carry out another test for AIDS since you were tested during your pregnancy?	YES 1 NO 2	→825
823	When was the last time you were tested?	LESS THAN 12 MONTHS.....1 12-23 MONTHS.....2 2 YEARS OR MORE.....3	→831
824	I you do not want to know the results, but have you ever been tested to see if you have the AIDS VIRUS?	YES.....1 NO.....2	→829

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
825	When was the last time you were tested?	DAYS AGO1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO.....2 MONTHS AGO3 YEARS AGO4									
825A	How much did you spend for this test?	PRICE : <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> FREE.....00000 DON'T KNOW.....99998									
826	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST.....1 OFFERED AND ACCEPTED.....2 REQUIRED.....3									
827	I do not want to know the results but did you get the results of the test?	YES1 NO2									
828	Where did you go for the test? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL.....11 GOVT/ HEALTH CENTER12 VCT CENTER.....13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PRIVATE DOCTOR.....22 VCT CENTER.....23 ARBEF CLINIC.....24 INFIRMARY25 YOUTH CENTER26 OTHER PRIVATE MEDICAL..... 27 (SPECIFY)	} → 831								
829	Do you know a place where you could go to get an AIDS test?	YES1 NO2	→ 831								
830	Where can you go for the test? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL..... A GOVT/ HEALTH CENTER B VCT CENTER..... C OTHER PUBLIC _____ X (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC..... D PRIVATE DOCTOR..... E VCT CENTER..... F ARBEF CLINIC..... G INFIRMARY H YOUTH CENTER I OTHER PRIVATE MEDICAL _____ J (SPECIFY)									
831	Would you buy fresh vegetables from a vendor who has the AIDS virus?	YES1 NO2 DON'T KNOW8									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
831B	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: On the radio? On the TV? In newspapers?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">ACCEPT- ABLE</td> <td style="text-align: center;">NOT ACCEPT- ABLE</td> </tr> <tr> <td>ON THE RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ON THE TV</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>IN NEWSPAPERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		ACCEPT- ABLE	NOT ACCEPT- ABLE	ON THE RADIO	1	2	ON THE TV	1	2	IN NEWSPAPERS	1	2				
	ACCEPT- ABLE	NOT ACCEPT- ABLE																
ON THE RADIO	1	2																
ON THE TV	1	2																
IN NEWSPAPERS	1	2																
831C	During last three months, did you hear or see something on AIDS through the media?	YES1 NO2 DON'T KNOW8																
831D	Through which media did you hear or see something on AIDS? On the radio? On the Television? In the newspapers or magazines? Through the posters, flyers or stickers?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPERS/MAGAZINES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTER/FLYER/STICKER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPERS/MAGAZINES	1	2	POSTER/FLYER/STICKER	1	2	
	YES	NO																
RADIO	1	2																
TELEVISION	1	2																
NEWSPAPERS/MAGAZINES	1	2																
POSTER/FLYER/STICKER	1	2																
831E	Did you change your behavior in an unspecified way following what you heard or saw about AIDS?	YES1 NO2 DON'T KNOW8] →831G															
831 F	How did you change behavior? Anything else? RECORD ALL WAYS MENTIONED.	LIMIT NUMBER OF SEXUAL PARTNERSA STAY FAITHFUL TO ONE PARTNER B AVOID SEX WITH PROSTITUTES C AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS D USE CONDOMS DURING SEX WITH OCCASIONAL PARTNERS E ABSTAIN FROM SEXF AVOID INJECTIONS G AVOID BLOOD TRANSFUSIONS H OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOWZ																
831 G	CHECK 501: YES, CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/> _____		→832															
831 H	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your husband/the man you are living with)?	YES1 NO2																
831I	During the last six months, did you advise someone to take unspecified measures to avoid being infected with AIDS virus?	YES1 NO2 DON'T KNOW8																
832	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES, REMAIN SECRET1 NO2 DON'T KNOW/DEPENDS8																
833	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES1 NO2 DON'T KNOW8																
834	If a female teacher has the virus that causes aids, should she be allowed to continue teaching in the school?	CAN CONTINUE1 SHOULD NOT CONTINUE2 DK/NOT SURE/DEPENDS8																
835	Do you personally know someone who was denied health services during the last 12 months because (s)he was suspected to have AIDS or because s(he) had AIDS?	YES1 NO2 KNOWS NOBODY WITH AIDS8	→840															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
836	Do you personally know somebody who refused to take part in social demonstrations, religious services or Community events during the last 12 months because (s)he suspect to have AIDS or because (s)he had AIDS?	YES 1 NO 2	
837	Do you personally know somebody who was insulted or scoffed during the last 12 months because one (s)he was suspected to have AIDS or because (s)he had AIDS?	YES 1 NO 2	
838	CHECK 835,836 AND 837: NOT ONE <input type="checkbox"/> AT LEAST ONE "YES" <input type="checkbox"/> 'YES' ▼		→840
839	Do you personally know somebody who is suspected to have AIDS, has AIDS, or who died of AIDS?	YES 1 NO 2	
840	Do you agree or not agree with the following assertion: People who have AIDS should be ashamed of themselves.	AGREE 1 DO NOT AGREE 2 DK/NO OPINION 8	
841	Do you agree or do not agree with the following assertion: People with the AIDS virus should be blamed for bringing the disease in the community.	AGREE 1 DO NOT AGREE 2 DK/NO OPINION 8	
842	Should one educate children of 12-14 years on the use of the condom to avoid the AIDS?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
843	Should one teach children of 12-14 years to wait until the marriage to have sexual relations to avoid contracting the AIDS?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
844	Do you think that young men should wait to be married to have sexual relations?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
845	Do you think that the majority of the young men you know wait to be married to have sexual relations?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
846	Do you think that the men who are not married and who have sexual relations should not have sexual relations with only one person?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
847	Do you think that majority of the men you know, who are not married and who have sexual relations should have sexual relations only with one person?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
848	Do you think that the married men should have sexual relations only with their wives?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
849	Do you think that majority of the married men you know have sexual relations only with their wives?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
850	Do you think that young women should wait to be married to have sexual relations?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
851	Do you think that majority of the young women whom you know wait to be married to have sexual relations?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
852	Do you think that the women who are not married and who have sexual relations should not have sexual relations with only one person?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
853	Do you think that majority of women you know, who are not married and who have sexual relations should have sexual relations only with only one person?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	
854	Do you think that the married women should have sexual relations only with their husbands?	YES 1 NO 2 DK/NOT SURE/IT DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
855	Do you think that the majority of the married women you know have sexual relations only with their husbands?	YES.....1 NO.....2 DK/NOT SURE/IT DEPENDS.....8	
856	<p>CHECK 801: INTENDED TO SPEAK ABOUT AIDS <input type="checkbox"/></p> <p>Put aside AIDS, do you intend to speak about other infections that are transmitted by sexual contact?</p>	<p>NOT INTENDED TO SPEAK <input type="checkbox"/></p> <p>Do you intend to speak about infections that are transmitted by sexual contact?</p> <p>YES .....1 NO .....2</p>	→859
857	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN .....A GENITAL DISCHARGE/DRIPPING .....B FOUL SMELLING DISCHARGE .....C BURNING PAIN ON URINATION .....D REDNESS/INFLAMMATION IN GENITAL AREA .....E SWELLING IN GENITAL AREA .....F GENITAL SORES/ULCERS .....G GENITAL WARTS .....H GENITAL ITCHING .....I BLOOD IN URINE .....J LOSS OF WEIGHT .....K IMPOTENCE .....L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS.....Y DON'T KNOW .....Z</p>	
858	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN .....A GENITAL DISCHARGE .....B FOUL SMELLING DISCHARGE .....C BURNING PAIN ON URINATION .....D REDNESS/INFLAMMATION IN GENITAL AREA .....E SWELLING IN GENITAL AREA .....F GENITAL SORES/ULCERS .....G GENITAL WARTS .....H GENITAL ITCHING .....I BLOOD IN URINE .....J LOSS OF WEIGHT .....K HARD TO GET PREGNANT/ HAVE A CHILD.....L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS.....Y DON'T KNOW .....Z</p>	
859	<p>CHECK 519:</p> <p>HAS HAD SEXUAL RELATIONS <input type="checkbox"/></p> <p>HAS NOT HAD SEXUAL RELATIONS <input type="checkbox"/></p>		→901A
860	<p>CHECK 856: KNOWS STI <input type="checkbox"/></p> <p>DOES NOT KNOW STI <input type="checkbox"/></p>		→862
861	<p>Now I would like to ask you some questions about your health in the last 12 months.</p> <p>During the last 12 months, have you had a sexually-transmitted disease?</p>	<p>YES.....1 NO.....2 DON'T KNOW.....8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
862	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													
863	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													
864	CHECK 861, 862, 863: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> HAS HAD AN INFECTION (ONE 'YES') </div> <div style="text-align: center;"> <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW </div> </div>		→901A												
865	The last time you had (PROBLEM FROM 861/862/863), did you seek any kind of advice or treatment?	YES.....1 NO.....2	→901A												
866	Where did you go? Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL..... A GOVT. HEALTH CENTER B AGENT DBC..... C VCT CENTER..... D YOUTH CENTER E OTHER PUBLIC F PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC..... G PRIVATE DOCTOR..... H PHARMACY I ARBEF CLINIC..... J VCT CENTER..... K INFIRMARY L YOUTH CENTER M OTHER PRIVATE MEDICAL Y OTHER SOURCE SHOP N OTHER _____ X (SPECIFY)													
867	When you had (PROBLEM FROM 861/862/863), did you inform the person with whom you were having sex?	YES..... 1 NO..... 2 SOME/ NOT ALL.....3 DID NOT HAVE PARTNER.....4	→901A												
868	When you had (PROBLEM FROM 861/862/863), did you do something to avoid infecting your sexual partner(s)?	YES..... 1 NO..... 2 PARTNER ALREADY INFECTED.....3	→901A												
869	What did you do to avoid infecting your partner(s)? Did you.... Use medicine? Stop having sex? Use a condom when having sex?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">YES</th> <th style="width: 25%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>USE MEDICINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STOP SEX</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>USE CONDOM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	USE MEDICINE	1	2	STOP SEX	1	2	USE CONDOM	1	2	
	YES	NO													
USE MEDICINE	1	2													
STOP SEX	1	2													
USE CONDOM	1	2													

SECTION 9. ADULT MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901A	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. Did your mother give birth to any children, in addition to you?	YES..... 1 NO..... 2	→901H
901B	How many sons did your mother have who are still living?	SONS LIVING <input type="text"/> <input type="text"/>	
901C	How many sons did your mother have who have died?	SONS DEAD <input type="text"/> <input type="text"/>	
901D	In addition to you, how many daughters did your mother have who are still living?	DAUGHTERS LIVING <input type="text"/> <input type="text"/>	
901E	How many daughters did your mother have who have died?	DAUGHTERS DEAD <input type="text"/> <input type="text"/>	
901F	Did your mother have any other children which you do not know if they are alive or dead?	YES..... 1 NO..... 2	→901H
901G	How many other children did your mother have which you do not know if they are alive or dead?	OTHER CHILDREN <input type="text"/> <input type="text"/>	
901H	SUM ANSWERS TO 901B, C, D, E, AND G, ADD 1 (THE RESPONDENT) AND ENTER TOTAL.	TOTAL <input type="text"/> <input type="text"/>	
901I	CHECK 901H: Just to make sure that I have this right: including yourself, your mother gave birth to _____ children in total. Is that correct? YES <input type="checkbox"/> CORRECT NO <input type="checkbox"/> → PROBE AND 901-A-H AS NECESSARY.		
902	CHECK 901H: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH <input type="checkbox"/> _____ (RESPONDENT ONLY)		→1004A
903	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>	

904	What was the name given to your oldest (next oldest) brother or sister?	[1] _____	[2] _____	[3] _____	[4] _____	[5] _____	[6] _____
905	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
906	Is (NAME) still alive?	YES..... 1 NO .....2 GO TO 908<J DK.....8 GO TO [2]	YES..... 1 NO.....2 GO TO 908<J DK.....8 GO TO [3]	YES..... 1 NO..... 2 GO TO 908<J DK..... 8 GO TO [4]	YES..... 1 NO..... 2 GO TO 908<J DK..... 8 GO TO [5]	YES..... 1 NO..... 2 GO TO 908<J DK..... 8 GO TO [6]	YES..... 1 NO..... 2 GO TO 908<J DK..... 8 GO TO [7]
907	How old is (NAME)?	<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]
908	How many years ago did (NAME) die?	<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"/>
909	How old was (NAME) when he/she died? IF DON'T KNOW, PROBE: Did (NAME) die before age 12? IF YES, ENTER '95' IF NO, ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE. FOR EXAMPLE: Did (NAME) die before or after being married?	<input type="text"/> <input type="text"/> IF MALE, OR DIED BEFORE AGE 12 YEARS: GO TO [2]	<input type="text"/> <input type="text"/> IF MALE, OR DIED BEFORE AGE 12 YEARS: GO TO [3]	<input type="text"/> <input type="text"/> IF MALE, OR DIED BEFORE AGE 12 YEARS: GO TO [4]	<input type="text"/> <input type="text"/> IF MALE, OR DIED BEFORE AGE 12 YEARS: GO TO [5]	<input type="text"/> <input type="text"/> IF MALE, OR DIED BEFORE AGE 12 YEARS: GO TO [6]	<input type="text"/> <input type="text"/> IF MALE, OR DIED BEFORE AGE 12 YEARS: GO TO [7]
910	Was (NAME) pregnant when she died?	YES..... 1 GO TO 913<J NO .....2	YES.....1 GO TO 913<J NO.....2	YES..... 1 GO TO 913<J NO..... 2	YES..... 1 GO TO 913<J NO..... 2	YES..... 1 GO TO 913<J NO..... 2	YES.....1 GO TO 913<J NO.....2
911	Did (NAME) die during childbirth?	YES..... 1 GO TO 913<J NO .....2	YES.....1 GO TO 913<J NO.....2	YES..... 1 GO TO 913<J NO..... 2	YES..... 1 GO TO 913<J NO..... 2	YES..... 1 GO TO 913<J NO..... 2	YES.....1 GO TO 913<J NO.....2
912	Did (NAME) die in the two months following 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
913	To how many live children did (NAME) give birth to during her life?	<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]
IF NO MORE BROTHERS OR SISTERS, GO TO Q.1000A							

904	What was the name given to your oldest (next oldest) brother or sister?	[7] _____	[8] _____	[9] _____	[10] _____	[11] _____	[12] _____
905	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
906	Is (NAME) still alive?	YES..... 1 NO .....2 GO TO 908<J DK.....8 GO TO [8]	YES..... 1 NO.....2 GO TO 908<J DK.....8 GO TO [9]	YES..... 1 NO..... 2 GO TO 908<J DK..... 8 GO TO [10]	YES..... 1 NO..... 2 GO TO 908<J DK..... 8 GO TO [11]	YES..... 1 NO..... 2 GO TO 908<J DK..... 8 GO TO [12]	YES..... 1 NO..... 2 GO TO 908<J DK..... 8 GO TO [13]
907	How old is (NAME)?	<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]
908	How many years ago did (NAME) die?	<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"/>
909	How old was (NAME) when he/she died? IF DON'T KNOW, PROBE: Did (NAME) die before age 12? IF YES, ENTER '95' IF NO, ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE. FOR EXAMPLE: Did (NAME) die before or after being married?	<input type="text"/> <input type="text"/> IF MALE, OR DIED BEFORE AGE 12 YEARS: GO TO [8]	<input type="text"/> <input type="text"/> IF MALE, OR DIED BEFORE AGE 12 YEARS: GO TO [9]	<input type="text"/> <input type="text"/> IF MALE, OR DIED BEFORE AGE 12 YEARS: GO TO [10]	<input type="text"/> <input type="text"/> IF MALE, OR DIED BEFORE AGE 12 YEARS: GO TO [11]	<input type="text"/> <input type="text"/> IF MALE, OR DIED BEFORE AGE 12 YEARS: GO TO [12]	<input type="text"/> <input type="text"/> IF MALE, OR DIED BEFORE AGE 12 YEARS: GO TO [13]
910	Was (NAME) pregnant when she died?	YES.....1 GO TO 913<J NO .....2	YES.....1 GO TO 913<J NO.....2	YES..... 1 GO TO 913<J NO..... 2	YES..... 1 GO TO 913<J NO..... 2	YES..... 1 GO TO 913<J NO..... 2	YES.....1 GO TO 913<J NO.....2
911	Did (NAME) die during childbirth?	YES.....1 GO TO 913<J NO .....2	YES.....1 GO TO 913<J NO.....2	YES..... 1 GO TO 913<J NO..... 2	YES..... 1 GO TO 913<J NO..... 2	YES..... 1 GO TO 913<J NO..... 2	YES.....1 GO TO 913<J NO.....2
912	Did (NAME) die in the two months following 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
913	To how many live children did (NAME) give birth to during her life?	<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]
IF NO MORE BROTHERS OR SISTERS, GO TO Q.1000A							

SECTION 10. RELATIONS IN THE HOUSEHOLD

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1000 A	<p>CHECK COVER PAGE: THE WOMAN BEING INTERVIEWED IS SELECTED FOR QUESTIONS ON RELATIONS IN THE HOUSEHOLD.</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>		→ 1029																												
1001	<p>CHECK FOR PRESENCE OF OTHERS:</p> <p>DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED.....1 PRIVACY NOT POSSIBLE.....2</p>		→ 1028																												
	<p>READ TO ALL RESPONDENTS:</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Rwanda. Let me assure you that your answers are completely confidential and will not be told to anyone. Let me assure you also that you are the only person in this household to whom these questions will be asked. If someone arrives during the discussion then we'll change subjects.</p>																														
1002	<p>CHECK 501, 502, AND 504:</p> <p>CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> SEPARATED/DIVORCED <input type="checkbox"/> WIDOWED/NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p>		→ 1014																												
1003	<p>When two people marry or live together, they share both good and bad moments. In your relationship with your (last) husband/partner do (did) the following happen frequently, only sometimes, or never?</p> <p>a) He usually (spends/spent) his free time with you? b) He (consults/consulted) you on different household matters? c) He (is/was) affectionate with you? d) He (respects/respected) you and your wishes?</p>	<table border="1"> <thead> <tr> <th></th> <th>FRE-QUENTLY</th> <th>SOME-TIMES</th> <th>NEVER</th> </tr> </thead> <tbody> <tr> <td>FREE TIME</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>CONSULTS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>AFFECTIONATE</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>RESPECTS</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		FRE-QUENTLY	SOME-TIMES	NEVER	FREE TIME	1	2	3	CONSULTS	1	2	3	AFFECTIONATE	1	2	3	RESPECTS	1	2	3									
	FRE-QUENTLY	SOME-TIMES	NEVER																												
FREE TIME	1	2	3																												
CONSULTS	1	2	3																												
AFFECTIONATE	1	2	3																												
RESPECTS	1	2	3																												
1004	<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 (last) husband/partner?</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your girl friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all time? f) He (does/did) not trust you with any money?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>JEALOUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MONEY</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	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	MONEY	1	2	8	
	YES	NO	DK																												
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																												
MONEY	1	2	8																												
1005	<p>Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband/partner.</p> <p>5A. (Does/did) your (last) husband/partner ever:</p> <p>Say or do something to humiliate you in front of others?</p> <p>Threaten you or someone close to you with harm?</p>	<p>5B. How many times did this happen during the last 12 months?</p> <p>YES 1 → TIMES IN LAST 12 MONTHS <input type="checkbox"/></p> <p>NO 2 ↓ IF DIV OR SEPARATED95</p> <p>YES 1 → TIMES IN LAST 12 MONTHS <input type="checkbox"/></p> <p>NO 2 ↓ IF DIV OR SEPARATED95</p>																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1006	<p>6A. (Does/did) your (last) husband/partner ever:</p> <p>Push you, shake you, or throw something at you?</p> <p>Slap you or twist your arm?</p> <p>Spit on you?</p> <p>Punch you with his fist or with something that could hurt you?</p> <p>Kick you or drag you?</p> <p>Try to strangle you or burn you?</p> <p>Threaten you with a knife, gun, or other type of weapon?</p> <p>Attack you with a knife, gun, or other type of weapon?</p> <p>Physically force you to have sexual intercourse with him even when you did not want to?</p> <p>Force you to perform other sexual acts you did not want to?</p>	<p>6B. How many times did this happen during the last 12 months?</p> <p>YES 1 → NO 2 ↴</p> <p>TIMES IN LAST 12 MONTHS [][] IF DIV OR SEPARATED.....95</p> <p>YES 1 → NO 2 ↴</p> <p>TIMES IN LAST 12 MONTHS [][] IF DIV OR SEPARATED.....95</p> <p>YES 1 → NO 2 ↴</p> <p>TIMES IN LAST 12 MONTHS [][] IF DIV OR SEPARATED.....95</p> <p>YES 1 → NO 2 ↴</p> <p>TIMES IN LAST 12 MONTHS [][] IF DIV OR SEPARATED.....95</p> <p>YES 1 → NO 2 ↴</p> <p>TIMES IN LAST 12 MONTHS [][] IF DIV OR SEPARATED.....95</p> <p>YES 1 → NO 2 ↴</p> <p>TIMES IN LAST 12 MONTHS [][] IF DIV OR SEPARATED.....95</p> <p>YES 1 → NO 2 ↴</p> <p>TIMES IN LAST 12 MONTHS [][] IF DIV OR SEPARATED.....95</p> <p>YES 1 → NO 2 ↴</p> <p>TIMES IN LAST 12 MONTHS [][] IF DIV OR SEPARATED.....95</p> <p>TIMES IN LAST 12 MONTHS [][] IF DIV OR SEPARATED.....95</p>	
1007	<p>CHECK 1006:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ 1009
1008	<p>How long after you first got married to/started living with your (last) husband/partner did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS [][]</p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER.....95</p> <p>AFTER SEPARATION/DIVORCE.....96</p>	
1009	<p>Did the following ever happen because of something your (last) husband/partner did to you:</p>	<p>108B. How many times did this happen during the last 12 months?</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p>You had bruises and aches?</p> <p>YES 1 → NO 2 ↴ ▼</p> <p>You had an injury or a broken bone?</p> <p>YES 1 → NO 2 ↴ ▼</p> <p>You went to the doctor or health center as a result of something your husband/partner did to you?</p> <p>YES 1 → NO 2 ↴ ▼</p>	<p>TIMES IN LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>IF DIV OR SEPARATED.....95</p> <p>TIMES IN LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>IF DIV OR SEPARATED.....95</p> <p>TIMES IN LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>IF DIV OR SEPARATED.....95</p>	
1010	Have you ever hit, slapped, kicked or done anything else to physically hurt your (last) husband/partner at times when he was not already beating or physically hurting you?	<p>YES..... 1</p> <p>NO..... 2</p>	→ 1012
1011	In the last 12 months, how many times have you hit, slapped, kicked or done something to physically hurt your (last) husband/partner at a time when he was not already beating or physically hurting you?	<p>TIMES IN LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>IF DIV OR SEPARATED.....95</p>	
1012	Does (did) your (last) husband/partner drink alcohol?	<p>YES..... 1</p> <p>NO..... 2</p>	→ 1014
1013	How often does (did) he get drunk: very often, only sometimes, or never?	<p>VERY OFTEN..... 1</p> <p>SOMETIMES..... 2</p> <p>NEVER..... 3</p>	
1014	<p>CHECK 501, 502 & 504:</p> <p>MARRIED/LIVING WITH A MAN/SEPARATED/DIVORCED <input type="checkbox"/> ▼</p> <p>WIDOWED/NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> ▼</p> <p>From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically?</p> <p>From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>NO ANSWER..... 6</p>	→ 1019
1015	<p>Who has physically hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER..... A</p> <p>FATHER..... B</p> <p>STEP-MOTHER..... C</p> <p>STEP-FATHER..... D</p> <p>SISTER..... E</p> <p>BROTHER..... F</p> <p>DAUGHTER..... G</p> <p>SON..... H</p> <p>LATE/EX-HUSBAND/EX-PARTNER... I</p> <p>CURRENT BOYFRIEND..... J</p> <p>FORMER BOYFRIEND..... K</p> <p>MOTHER-IN-LAW..... L</p> <p>FATHER-IN-LAW..... M</p> <p>OTHER FEMALE RELATIVE/IN-LAW.. N</p> <p>OTHER MALE RELATIVE/IN-LAW.... O</p> <p>FEMALE FRIEND/ACQUAINTANCE... P</p> <p>MALE FRIEND/ACQUAINTANCE..... Q</p> <p>TEACHER..... R</p> <p>EMPLOYER..... S</p> <p>STRANGER..... T</p> <p>OTHER _</p> <p>X</p> <p>(SPECIFY)</p>	
1016	<p>CHECK 1015:</p> <p>MORE THAN ONE PERSON MENTIONED <input type="checkbox"/> ▼</p> <p>ONLY ONE PERSON MENTIONED <input type="checkbox"/> _____</p>		→ 1018

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1017	Who has hit, slapped, kicked, or done something to physically hurt you most often?	MOTHER..... 01 FATHER..... 02 STEP-MOTHER 03 STEP-FATHER 04 SISTER 05 BROTHER..... 06 DAUGHTER..... 07 SON 08 LATE/EX-HUSBAND/EX-PARTNER 09 CURRENT BOYFRIEND..... 10 FORMER BOYFRIEND..... 11 MOTHER-IN-LAW 12 FATHER-IN-LAW 13 OTHER FEMALE RELATIVE/IN-LAW 14 OTHER MALE RELATIVE/ IN-LAW 15 FEMALE FRIEND/ACQUAINTANCE 16 MALE FRIEND/ACQUAINTANCE 17 TEACHER 18 EMPLOYER 19 STRANGER 20 OTHER _____ 96 (SPECIFY)	
1018	In the last 12 months, how many times has this person hit, slapped, kicked, or done anything else to physically hurt you?	NUMBER OF TIMES <input type="text"/>	
1019	CHECK 201, 206, AND 226: HAS ONE OR MORE LIVE OR NON-LIVE BIRTHS OR IS CURRENTLY PREGNANT <input type="checkbox"/>	NO LIVE BIRTHS, NO NON-LIVE BIRTHS, AND IS NOT CURRENTLY PREGNANT <input type="checkbox"/>	-▶ 1021
1020	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES..... 1 NO..... 2	-▶ 1022
1021	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER..... A MOTHER..... B FATHER..... C STEP-MOTHER..... D STEP-FATHER..... E SISTER..... F BROTHER..... G DAUGHTER..... H SON..... I LATE/LAST/EX-HUSBAND/PARTNER J CURRENT BOYFRIEND..... K FORMER BOYFRIEND..... L MOTHER-IN-LAW..... M FATHER-IN-LAW..... N OTHER FEMALE RELATIVE/IN-LAW O OTHER MALE RELATIVE/IN-LAW P FEMALE FRIEND/ACQUAINTANCE Q MALE FRIEND/ACQUAINTANCE R TEACHER..... S EMPLOYER..... T STRANGER..... U OTHER _____ X (SPECIFY)	
1022	CHECK 1006, 1009, 1014, AND 1020: AT LEAST ONE 'YES' <input type="checkbox"/>	NOT A SINGLE 'YES' <input type="checkbox"/>	-▶ 1026
1023	Have you ever tried to get help to prevent or stop (this person/these persons) from physically hurting you?	YES..... 1 NO..... 2	-▶ 1025

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1024	From whom have you sought help? Anyone else? RECORD ALL MENTIONED	MOTHER..... A FATHER..... B SISTER..... C BROTHER..... D CURRENT/LAST/LATE HUSBAND/ PARTNER..... E CURRENT/FORMER BOYFRIEND F MOTHER-IN-LAW..... G FATHER-IN-LAW..... H OTHER FEMALE RELATIVE/IN-LAW I OTHER MALE RELATIVE/ IN-LAW J FRIEND..... K NEIGHBOR..... L TEACHER..... M EMPLOYER..... N RELIGIOUS LEADER..... O DOCTOR/MEDICAL PERSONNEL..... P POLICE..... Q LAWYER..... R OTHER _ X (SPECIFY)	1026

1025	What is the main reason you have never sought help?	DON'T KNOW WHO TO GO TO.....01 NO USE.....02 PART OF LIFE.....03 AFRAID OF DIVORCE/DESERTION.....04 AFRAID OF FURTHER BEATINGS.....05 AFRAID OF GETTING PERSON BEATING HER INTO TROUBLE.....06 EMBARRASSED.....07 DON'T WANT TO DISGRACE FAMILY.....08 OTHER _ 96 (SPECIFY)	
------	---	--	--

1026	As far as you know, did your father ever beat your mother?	YES.....1 NO.....2 DON'T KNOW.....8	
------	--	---	--

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE HOUSEHOLD RELATIONS MODULE ONLY.

1027	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"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT	1	2	3	FEMALE ADULT	1	2	3	
	YES ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT	1	2	3																
FEMALE ADULT	1	2	3																

1028 INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE HOUSEHOLD RELATIONS MODULE

1129	RECORD THE TIME.	HOUR <table border="1"><tr><td> </td><td> </td></tr></table> MINUTES <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>						

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.

BIRTHS AND PREGNANCIES

B BIRTHS
 P PREGNANCIES
 T TERMINATIONS

	12 DEC	01	
	11 NOV	02	
	10 OCT	03	
	09 SEP	04	
2	08 AUG	05	
0	07 JUL	06	
0	06 JUN	07	
0	05 MAY	08	
5	04 APR	09	
	03 MAR	10	
	02 FEB	11	
	01 JAN	12	

	12 DEC	13	
	11 NOV	14	
	10 OCT	15	
	09 SEP	16	
2	08 AUG	17	
0	07 JUL	18	
0	06 JUN	19	
4	05 MAY	20	
	04 APR	21	
	03 MAR	22	
	02 FEB	23	
	01 JAN	24	

	12 DEC	25	
	11 NOV	26	
	10 OCT	27	
	09 SEP	28	
2	08 AUG	29	
0	07 JUL	30	
0	06 JUN	31	
3	05 MAY	32	
	04 APR	33	
	03 MAR	34	
	02 FEB	35	
	01 JAN	36	

	12 DEC	37	
	11 NOV	38	
	10 OCT	39	
	09 SEP	40	
2	08 AUG	41	
0	07 JUL	42	
0	06 JUN	43	
2	05 MAY	44	
	04 APR	45	
	03 MAR	46	
	02 FEB	47	
	01 JAN	48	

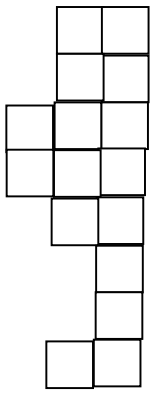
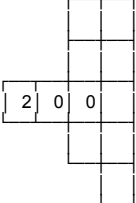
	12 DEC	49	
	11 NOV	50	
	10 OCT	51	
	09 SEP	52	
2	08 AUG	53	
0	07 JUL	54	
0	06 JUN	55	
1	05 MAY	56	
	04 APR	57	
	03 MAR	58	
	02 FEB	59	
	01 JAN	60	

	12 DEC	61	
	11 NOV	62	
	10 OCT	63	
	09 SEP	64	
2	08 AUG	65	
0	07 JUL	66	
0	06 JUN	67	
0	05 MAY	68	
	04 APR	69	
	03 MAR	70	
	02 FEB	71	
	01 JAN	72	

**RWANDA DEMOGRAPHIC AND HEALTH SURVEY- 2005
INDIVIDUAL QUESTIONNAIRE MALE**

**MINECOFIN
DEPARTMENT OF STATISTICS**

REPUBLIC OF RWANDA

IDENTIFICATION				
PLACE NAME _____ NAME OF HOUSEHOLD HEAD _____ PROVINCE..... DISTRICT..... CLUSTER NUMBER..... STRUCTURE NUMBER..... HOUSEHOLD NUMBER..... URBAN/ RURAL (URBAN=1, RURAL=2)..... KIGALI CITY/ OTHER TOWNS/ RURAL..... (KIGALI CITY =1, Other Towns =2, Rural=3) NAME AND LINE NUMBER OF MAN.....				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTHS YEAR CODE RÉSULT
INTERVIEWERS' NAME	_____	_____	_____	
RESULT*	_____	_____	_____	RÉSULT
NEXT VISIT : DATE	_____	_____	_____	TOTAL NBR. OF VISITS
HOUR	_____	_____	_____	<input style="width: 20px; height: 20px;" type="text"/>
*RESULT CODES: 1. COMPLETED 2. NOT AT HOME 3. POSTPONED 4. REFUSED 5. PARTLY COMPLETED 6. INCAPACITATED 7 OTHER _____ (SPECIFY)				
LANGUAGE OF INTERVIEW				
KINYARWANDA.....1			<input style="width: 20px; height: 20px;" type="text"/>	
OTHER LANGUAGE _____ (SPECIFY).....2				
INTERPRETED YES.....1			<input checked="" style="width: 20px; height: 20px;" type="checkbox"/>	
NO.....2				
TEAM LEADER	FIELD CONTROLLER	OFFICE EDITOR	KEYED BY	
NAME _____ <input style="width: 20px; height: 20px;" type="text"/>	NAME _____ <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	
DATE _____	DATE _____	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	




SECTION 1. CARACTÉRISTIQUES SOCIO-DÉMOGRAPHIQUES DES ENQUÊTÉS

INTRODUCTION ET CONSENTEMENT

<p>INFORMED CONSENT</p> <p>Hello. My name is _____ and I am working with NATIONAL POPULATION OFFICE. We are conducting a national survey about the health of men, women and children. We would very much appreciate your participation in this survey. I would like to ask you some questions related to health. This information will help the government to plan health services. The survey usually takes about 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED .....2 → END</p>	
---	--

N ^o .	QUESTIONS ET FILTRES	CODES	SKIP TO
101	RECORD THE TIME.	HOUR MINUTES	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside? IF "FOREIGN", SPECIFY THE TYPE OF PLACE OF RESIDENCE	KIGALI/CITY 1 OTHER TOWNS 2 COUNTRY SIDE 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ALWAYS 95 VISITOR 96	→ 105
104	Just before you moved here, did you live in a city, in a town, or in the countryside? IF "FOREIGN", SPECIFY THE TYPE OF PLACE OF RESIDENCE	KIGALI/CITY 1 OTHER TOWNS 2 COUNTRY SIDE 3	
105	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS NONE 00	→ 107
106	In the last 12 months, have you been away from your home community for more than 1 month at a time?	YES 1 NO 2	
107	In what month and year were you born?	MONTH DK MONTH 98 YEAR DK YEAR 9998	
108	How old were you at your last birthday? COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT.	AGE IN COMPLETED YEARS ...	

N°.	QUESTIONS ET FILTRES	CODES	SKIP TO
109	Have you ever attended school?	YES 1 NO 2	→ 113
110	What is the highest level of school you attended: primary, secondary, or higher? ¹	PRIMARY 1 POST-PRIMARY 2 SECONDARY 3 TERTIARY 4	
111	What is the highest (class/form/year) you completed at that level?	CLASS/YEAR..... <input type="text"/>	
112	VÉRIFIER 110: PRIMAIRE <input type="checkbox"/> POST-PRIMAIRE <input type="checkbox"/> OU PLUS <input type="checkbox"/>		→ 116
113	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 CERTAIN PARTS 2 ABLE TO READ WHOLE SENTENCE..... 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
114	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)? ³	YES 1 NO 2	
115	VÉRIFIER 113: CODE '2', '3' <input type="checkbox"/> OU '4' <input type="checkbox"/> ENCERCLÉ	CODE '1'ou 5 <input type="checkbox"/> ENCERCLÉ <input type="checkbox"/>	→ 117
116	Do you read a newspaper or magazine 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	
117	Do you listen to the radio 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	
118	Do you watch television 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 working for which you earn money?	YES 1 NO 2	→ 122
120	Have you earned money for any work done in the last 12 months?	YES 1 NO 2	→ 122
121	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING 1 LOOKING FOR WORK 2 RETIRED 3 UNABLE TO WORK, ILL/HANDICAPPED 4 HOUSEWORK/CHILDCARE 5 OTHERS 6 (SPECIFY)	→ 129
122	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/>	

N°.	QUESTIONS ET FILTRES	CODES	SKIP TO
123	VÉRIFIER 122: TRAVAILLE DANS AGRICULTURE <input type="checkbox"/> 	NE TRAVAILLE PAS DANS AGRICULTURE <input type="checkbox"/> _____	→ 125
124	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND .....1 FAMILY LAND .....2 RENTED LAND .....3 SOMEONE ELSE'S LAND .....4 SHARECROPPER .....5	
125	During the last 12 months, how many months did you work?	NUMBER OF MONTHS <input type="text"/> <input type="text"/>	
125A	Do you do this work for a member of your family, somebody or on your own?	FOR A MEMBER OF FAMILY .....1 FOR SOMEBODY ELSE .....2 ON HIS OWN .....3	
126	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	<input type="checkbox"/> → 129
127	Who mainly decides how the money you earn will be used?	RESPONDENT .....1 WIFE/PARTNER .....2 RESPONDENT AND WIFE/ PARTNER JOINTLY .....3 SOMEONE ELSE .....4 RESPONDENT AND SOMEONE ELSE JOINTLY .....5	
128	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	NONE, HIS INCOME IS SAVED .....1 ALMOST NONE .....2 LESS THAN HALF .....3 HALF .....4 MORE THAN HALF .....5 ALL/NEARLY ALL .....6	
129	What is your religion?	CATHOLIC .....1 PROTESTANT .....2 MUSLIM .....3 TRADITIONAL RELIGION .....4 7 TH DAY ADVENTIST .....5 OTHER _____ 6 (SPECIFY) NONE .....7	
129A	During last four weeks, did you have a) Have a consultation with a service provider? b) Hospitalised for at least a night?	YES NO a) 1 2 b) 1 2	
129B	CHECK Q 129A a)	Q. 129A a) = YES <input type="checkbox"/> 	Q.129A a) = NO <input type="checkbox"/>  (SKIP TO 129G)

N°.

QUESTIONS ET FILTRES

CODES

SKIP TO

129C	Where did the last consultation with a service provider take place?	<p>PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER.... 12 DBC AGENT 13</p> <p>OTHER PUBLIC 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 ARBEF CLINIC..... 24 INFIRMARY 25</p> <p>OTHER MEDICAL PRIVATE 26 (SPECIFY)</p> <p>OTHER SOURCE SHOP/KIOSK 31</p> <p>OTHER 96 (SPECIFY)</p>			
129D	How much did you pay in total for the last consultation, including the drugs and the tests of laboratory?	<p>PRICE <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>FREE 00000 DON'T KNOW 99998</p>			
129E	Were there any (other) expenditures for medicines related to this consultation and paid to a pharmacy?	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>→ 129G</p>		
129F	How much did you pay to the pharmacy for these medicines?	<p>PRICE <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW 99998</p>			
129G	CHECK Q 129A b)	<table border="1"> <tr> <td data-bbox="922 1182 1118 1330"> <p>Q 129A b) = YES</p> <p><input type="checkbox"/></p> <p>▼</p> </td> <td data-bbox="1118 1182 1326 1330"> <p>Q 129A b) = NO</p> <p><input type="checkbox"/></p> <p>▼</p> <p>(SKIP TO 129J)</p> </td> </tr> </table>	<p>Q 129A b) = YES</p> <p><input type="checkbox"/></p> <p>▼</p>	<p>Q 129A b) = NO</p> <p><input type="checkbox"/></p> <p>▼</p> <p>(SKIP TO 129J)</p>	
<p>Q 129A b) = YES</p> <p><input type="checkbox"/></p> <p>▼</p>	<p>Q 129A b) = NO</p> <p><input type="checkbox"/></p> <p>▼</p> <p>(SKIP TO 129J)</p>				
129H	Where were you hospitalised the last time for at least a night?	<p>PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER.... 12</p> <p>OTHER PUBLIC 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 ARBEF CLINIC..... 22</p> <p>OTHER MEDICAL PRIVATE 26 (SPECIFY)</p> <p>OTHER 96 (SPECIFY)</p>			
129I	How much in total did you pay for the hospitalisation?	<p>PRICE <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>FREE 00000 DON'T KNOW 99998</p>			

N°.	QUESTIONS ET FILTRES	CODES	SKIP TO
129J	Which type of insurance do you currently have?	NONE .....1 RAMA MUTUAL 2 OTHER MUTUAL _____ 3 (SPECIFY) OTHER NON-MUTUAL _____ 6 (SPECIFY) DON'T KNOW.....8	

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW..... 8	<input type="checkbox"/> → 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <input type="text"/> GIRLS AT HOME <input type="text"/>	
204	Do you have any sons or daughters you have fathered who are alive but do not live with you?	YES 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <input type="text"/> GIRLS ELSEWHERE <input type="text"/>	
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2 DON'T KNOW..... 8	<input type="checkbox"/> → 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD..... <input type="text"/> GIRLS DEAD..... <input type="text"/>	
208	(In addition to the children that you have just told me about), do you have: any other living sons or daughters who are biologically your children but who are not legally yours or do not have your last name? ___YES ___NO a) any other sons or daughters who died who were biologically your children but who were not legally yours or did not have your last name? ___YES ___NO NO TO BOTH <input type="checkbox"/> YES TO AT LEAST 2 CASES <input type="checkbox"/> → PROBE AND CORRECT 201 TO 207 AS NECESSARY.		
209	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <input type="text"/>	
210	CHECK 209 : HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> HAS NOT HAD ANY CHILD <input type="checkbox"/>	213	→ 214

N°.	QUESTIONS ET FILTRES	CODES	ALLER À
211	Do the children that you have fathered all have the same biological mother?	YES 1 NO 2	—▶ 213
212	In all, with how many women have you fathered children?	NUMBER OF WOMEN..... <input type="text"/> <input type="text"/>	
213	How old were you when your (first) child was born?	AGE IN YEARS <input type="text"/> <input type="text"/>	
214	Are there children who depend mainly on you?	YES 1 NO 2	—▶ 301
215	Among the children who depend mainly on you, are any less than 18 years old?	YES 1 NO 2	—▶ 301
216	Now I would like to speak with you about the children less than 18 years which depend mainly on you. Have you made arrangements for someone to take care of these children if you would fall sick or if you could not take care of them anymore?	YES 1 NO 2 NOT SURE 8	

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302 IF APPLICABLE.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES.....1 NO 2 ▾	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES.....1 NO 2 ▾	Have you ever had an operation to avoid having any more children? YES.....1 NO .....2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES.....1 NO 2 ▾	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES.....1 NO 2 ▾	
05	INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES.....1 NO 2 ▾	
06	IMPLANTS Women can have several 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 ▾	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES.....1 NO 2 ▾	YES.....1 NO .....2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES.....1 NO 2 ▾	
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES.....1 NO 2 ▾	
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES.....1 NO 2 ▾	
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES.....1 NO 2 ▾	
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES.....1 NO 2 ▾	YES.....1 NO .....2 DON'T KNOW .....8
12A	STANDARD DAYS METHOD, USING BEADS A woman who knows days of the month when she is likely to be pregnant can use a bead and a calendar.	YES.....1 NO 2 ▾	
13	WITHDRAWAL Men can be careful and pull out before climax.	YES.....1 NO 2 ▾	YES.....1 NO .....2
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES.....1 NO 2 ▾	
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES.....1 (SPECIFY) (SPECIFY) NO .....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
303	<p>Now I would like to ask you about a woman's risk of pregnancy.</p> <p>From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>▶ 305</p>												
304	<p>Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?</p>	<p>JUST BEFORE HER PERIOD BEGINS 1</p> <p>DURING HER PERIOD 2</p> <p>RIGHT AFTER HER PERIOD ENDED 3</p> <p>HALFWAY BETWEEN TWO PERIODS 4</p> <p>OTHER 6</p> <p>_____ (SPECIFY) _____</p> <p>DON'T KNOW 8</p>													
305	<p>Do you think that a woman who is breastfeeding her baby can become pregnant?</p>	<p>YES 1</p> <p>NO 2</p> <p>IT DEPENDS 3</p> <p>DON'T KNOW 8</p>													
306	<p>I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.</p> <p>a) Contraception is women's business and a man should not have to worry about it.</p> <p>b) Women who use contraception may become promiscuous.</p> <p>c) A woman is the one who gets pregnant so she should be the one to use contraception.</p>	<table border="1"> <thead> <tr> <th data-bbox="938 721 1066 801">AGREE</th> <th data-bbox="1066 721 1209 801">DISAGREE</th> <th data-bbox="1209 721 1366 801">DON'T KNOW/ NO OPINION</th> </tr> </thead> <tbody> <tr> <td data-bbox="986 833 1018 864">1</td> <td data-bbox="1121 833 1153 864">2</td> <td data-bbox="1265 833 1297 864">3</td> </tr> <tr> <td data-bbox="986 900 1018 931">1</td> <td data-bbox="1121 900 1153 931">2</td> <td data-bbox="1265 900 1297 931">3</td> </tr> <tr> <td data-bbox="986 967 1018 999">1</td> <td data-bbox="1121 967 1153 999">2</td> <td data-bbox="1265 967 1297 999">3</td> </tr> </tbody> </table>	AGREE	DISAGREE	DON'T KNOW/ NO OPINION	1	2	3	1	2	3	1	2	3	
AGREE	DISAGREE	DON'T KNOW/ NO OPINION													
1	2	3													
1	2	3													
1	2	3													

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living with a woman?	YES, CURRENTLY MARRIED.....1 YES, LIVING WITH A WOMAN.....2 NO, NOT IN UNION.....3	→ 406
401 A	Is your wife/partner living with you now, or does she live elsewhere ?	LIVING TOGETHER CURRENTLY .....1 STAYING ELSEWHERE .....2	
401 B	CHECK 401 : CURRENTLY MARRIED <input type="checkbox"/> LIVES WITH A WOMAN <input type="checkbox"/>		→ 404
402	Do you have one wife or more than one wife? IF ONLY ONE WIFE, RECORD '01'. IF MORE THAN ONE, ASK: How many wives do you currently have?	NUMBER OF WOMEN..... <input type="text"/> <input type="text"/>	
403	Are there any other women with whom you live as if married?	YES .....1 NO .....2	→ 405
404	How many women are you living with as if married? IF ONLY ONE LIVE-IN PARTNER, RECORD '01'.	NUMBER OF LIVE-IN PARTNERS <input type="text"/> <input type="text"/>	
405	Apart from the woman/women you have already mentioned, do you currently have any other regular or occasional sexual partners?	REGULAR PARTNER(S) ONLY .....1 OCCASIONAL PARTNER(S) ONLY .....2 REGULAR AND OCCASIONAL PARTNERS.....3 NO SEXUAL PARTNER.....4	→ 409
406	Do you currently have any regular sexual partners, occasional sexual partners, or do you have no sexual partner at all?	REGULAR PARTNER(S) ONLY .....1 OCCASIONAL PARTNER(S) ONLY .....2 REGULAR AND OCCASIONAL PARTNERS.....3 NO SEXUAL PARTNER.....4	
407	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED ONLY .....1 YES, LIVED WITH A WOMAN ONLY .....2 YES, BOTH .....3 NO .....4	→ 411 → 416
408	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED.....1 DIVORCED.....2 SEPARATED.....3	→ 411

N°.	QUESTIONS AND FILTERS	CODES	SKIP TO	
409	WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE/PARTNER REPORTED IN QUESTIONS 402 AND 404 ONLY. IF A WIFE/PARTNER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE, RECORD '00' IN THE LINE NUMBER BOXES. THE NUMBER OF LINES FILLED IN MUST BE EQUAL TO THE NUMBER OF WIVES AND PARTNERS . (IF RESPONDENT HAS MORE THAN FIVE WIVES/ PARTNERS USE ADDITIONAL QUESTIONNAIRE(S).)			
	CHECK : 402 AND 404: THE SUM OF 402 AND 404 EQUALS 1 <input type="checkbox"/> LA SOMME DE 402 ET 404 EST ÉGALE À 2 OU PLUS <input type="checkbox"/> Please tell me the name of your partner. Please tell me the name of each (wife/partner that you live with as if married), starting with the one you lived with first.	LINE NUMBER IN HDD. QUEST.	WIFE PARTNER	
	1 _____ 2 _____ 3 _____ 4 _____ 5 _____	<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"/>	1 2 1 2 1 2 1 2 1 2	
410	VÉRIFIER : 409 ONLY ONE WIFE/PARTNER <input type="checkbox"/> 2 WIFE/PARTNERS OR MORE <input type="checkbox"/>			→ 412
411	Have you been married or lived with a woman only once or more than once?	ONCE 1 MORE THAN ONCE 2	→ 414 → 413	
412	Have you ever been married to or lived as if married to any woman other than those you have just mentioned?	YES 1 NO 2	→ 414	
413	In total, in your whole life, how many women have you been married to or lived with as if married?	NUMBER OF WOMEN..... <input type="text"/> <input type="text"/>		
414	CHECK 409 AND 411: ONLY ONE WIFE/PARTNER <input type="checkbox"/> In what month and year did you start living with your wife/partner? MARRIED/LIVED WITH A WOMAN MORE THAN ONCE Now we will talk about your first wife/partner. In what month and year did you start living with her?	..... MONTH <input type="text"/> <input type="text"/> DOESN'T KNOW MONTH .....98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DOESN'T KNOW YEAR.....9998	→ 416

N°.	QUESTIONS AND FILTERS	CODES	SKIP TO
415	How old were you when you started living with her?	..... AGE.....	
416	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse with a woman (if ever)?	NEVER.....00 AGE IN YEARS 1ST TIME WAS WHEN BEGAN LIVING WITH 1ST WIFE/PARTNER .....95	} ▶ 416B
416A	Do you intend to wait until you get married to have sexual intercourse for the first time ?	YES.....1 NO.....2 NOT SURE.....8	} ▶ 439
416B	CHECK : 108 AGE 15-24 YRS <input type="checkbox"/> ÂGE 25-59 YRS <input type="checkbox"/>		—▶ 417
416C	The first time you had sexual intercourse, was a condom used?	YES.....1 NO.....2	
416D	How old was the person with whom you had your first sexual relations?	..... AGE OF PARTNER..... DON'T KNOW .....98	—▶ 417
416E	Was this person older than you, more young person or had it approximately the same age as you?	OLDER.....1 YOUNGER.....2 SAME AGE.....3 DK/DON'T REMEMBER.....8	} ▶ 417
416F	Would you say that this person had ten years more than you or more, or less than ten years more than you?	TEN OR MORE YEARS.....1 LESS THAN TEN YEARS.....2 OLDER, DK HOW MANY YEARS.....3	
417	How long ago that you had your last sexual relations with a woman? RECORD IN "NUMBER OF YEARS" ONLY IF THE LAST INTERCOURSE TOOK PLACE IN A YEAR OR MORE IF 12 MONTHS OR MORE, THE ANSWER MUST BE RECORDED IN YEARS.	..... NUMBER OF DAYS .....1 NUMBER OF WEEKS.....2 NUMBER OF MONTHS .....3 NUMBER OF YEARS.....4	—▶ 436A

		LAST SEXUAL PARTNER	SECOND LAST SEXUAL PARTNER	THIRD LAST SEXUAL PARTNER.																																																																																																
418	The last time that you had sexual relations with a woman, a condom was used?	YES NO (GO TO 426)*J	YES..... NO (GO TO 426)*J	YES..... NO..... (GO TO 426)*J																																																																																																
419																																																																																																				
420	Did you use a condom each time you had sexual relations with this person during 12 months last?	YES NO.....	YES..... NO.....	YES..... NO.....																																																																																																
421																																																																																																				
422																																																																																																				
423																																																																																																				
424																																																																																																				
425																																																																																																				
426	The last time that you had sexual intercourse with this third person, did you or your partner drink alcohol?	YES NO (GO TO 428)*J	YES..... NO (GO TO 428)*J	YES..... NO..... (GO TO 428)*J																																																																																																
427	Was person or yourself drunk at this time? If YES : Who drank alcohol?	RESPONDENT ONLY PARTNER ONLY..... RESPONDENT AND PARTNER NEITHER ONE.....	RESPONDENT ONLY PARTNER ONLY..... RESPONDENT AND PARTNER..... NEITHER ONE.....	RESPONDENT ONLY PARTNER ONLY..... RESPONDENT AND PARTNER..... NEITHER ONE.....																																																																																																
428	What is your relationship to this person with whom you had last sexual intercourse? IF "GIRLFRIEND " OR "FIANCÉE", ASK : Was your girlfriend/fiancée living with you the last time that you had sex together? IF 'YES', CIRCLE '01' IF 'NO', CIRCLE '02'	SPOUSE/COHABITATING PARTNER GIRLFRIEND/FIANCÉ OTHER FRIEND CASUAL ACQUAINTANCE. RELATIVE COMMERCIAL SEX WORKER OTHER (SPECIFY)	SPOUSE/COHABITATING PARTNER..... GIRLFRIEND/FIANCÉ OTHER FRIEND..... CASUAL ACQUAINTANCE. RELATIVE COMMERCIAL SEX WORKER..... OTHER (SPECIFY)	SPOUSE/COHABITATING PARTNER..... GIRLFRIEND/FIANCÉ OTHER FRIEND CASUAL ACQUAINTANCE. RELATIVE COMMERCIAL SEX WORKER..... OTHER (SPECIFY)																																																																																																
429	For how long you did have sexual intercourse with this woman? IF HE HAD SEXUAL INTERCOURSE WITH THIS WOMAN ONLY ONCE, RECORD '01' TO DAYS.	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																																	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS..... 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																																	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																																
430	CHECK : 103	MALE AGED 15-24 YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MALE AGED 25-59 YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> (GO TO 434)									MALE AGED 15-24 YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MALE AGED 25-59 YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> (GO TO 434)									MALE AGED 15-24 YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MALE AGED 25-59 YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> (GO TO 434)																																																																																

		LAST SEXUAL PARTNER	SECOND LAST SEXUAL PARTNER	THIRD LAST SEXUAL PARTNER.
431	How old was this person?	AGE PARTNER..... <input type="text"/> <input type="text"/> (GO TO 434)↵ DON'T KNOW 98	AGE PARTNER..... <input type="text"/> <input type="text"/> (GO TO 434)↵ DON'T KNOW..... 98	AGE PARTNER..... <input type="text"/> <input type="text"/> (GO TO 434)↵ DON'T KNOW 98
432	Was this person older than you, younger than you or had almost the same age as you?	OLDER..... 1 YOUNGER..... 2 SAME AGE..... 3 DK..... 8] ▶ 434	OLDER..... 1 YOUNGER..... 2 SAME AGE..... 3 DK..... 8] ▶ 434	OLDER..... 1 YOUNGER..... 2 SAME AGE..... 3 DK..... 8] ▶ 434
433	Do you think he is more than 10 years older than you ?	10 OR MORE YEARS OLDER..... 1 LESS THAN 10 YEARS OLDER..... 2 OLDER, DK..... 8	10 OR MORE YEARS OLDER..... 1 LESS THAN 10 YEARS OLDER..... 2 OLDER, DK..... 8	10 OR MORE YEARS OLDER..... 1 LESS THAN 10 YEARS OLDER..... 2 OLDER, DK..... 8
434	Other than this (these) women, have you had sex with any other woman in the last 12 months?	YES..... 1 (RETURN TO 418 ↵ IN THE NEXT COLUMN) NO..... 2 (GO TO 436A)↵	YES..... 1 (RETURN TO 418 ↵ IN THE NEXT COLUMN) NO..... 2 (GO TO 436A)↵	

NO.	QUESTIONS AND FILTRES	CODES	GO TO
435	In all, with how many different people have you had sexual relations with in the last 12 months? IN CASE OF A NON-NUMERICAL ANSWER, INSIST TO OBTAIN ESTIMATION. IF THE NUMBER IS GREATER THAN ' 95 ', RECORD ' 95 ';	NUMBER OF PARTNERS ... <input type="text"/> <input type="text"/>	
436 A	In the last 12 months, did you pay anyone in exchange for sex?	YES 1 NO 2	→ 437A
436 B	The last time you paid someone in exchange for sex, was a condom used?	YES 1 NO 2	→ 438
436 C	Did you use a condom during every sexual intercourse every time you paid someone in exchange for sex in the last 12 months?	YES 1 NO 2 DK/NOT SURE..... 8	] ▶ 438
437 A	Have you ever in your life paid someone in exchange for sex?	YES 1 NO 2	→ 438
437 B	How long has it been since you've paid someone in exchange for sex?	NO. OF DAYS 1 NO. OF WEEKS 2 NO. OF MONTHS..... 3 NO. OF YEARS 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
437 C	The last time that you paid someone in exchange for sex, was a condom used?	YES 1 NO 2	

NO.	QUESTIONS AND FILTRES	CODES	GO TO
438	In total, how many different people have you had sexual intercourse with in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, RECORD '95'.	..... NUMBER OF PARTNERS ... <input type="text"/> <input type="text"/>	
439	Do you know of a place where a person can get condoms?	YES 1 NO 2	—▶ 442
440	Where is that? IF THE SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL..... A GOVT. HEALTH CENTER..... B AGENT DBC..... C OTHER PUBLIC D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC..... E PHARMACY F PRIVATE DOCTOR..... G CLINIQUE ARBEF..... H INFIRMARY..... I OTHER PRIVATE MÉDICAL J (SPECIFY) OTHER SOURCE SHOP/KIOSQUE K ÉGLISE..... L PARENTS/AMIS..... M OTHER X (SPECIFY)	
440 A	Do you know a place where you could go on foot to get a condom ?	YES 1 NO 2	—▶ 442
440 B	How long would it take for you to go and come back, on foot, to the closest place to get a condom?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON THE SPOT 996	
442	CHECK 302(07), 416C, 436B AND 437C : USE OF CONDOMS AT LEAST ONE "YES" <input type="checkbox"/> NOT ONE "YES" <input type="checkbox"/> _____		—▶ 447
443	How old were you when you used a condom for the first time?	AGE IN YEARS THE 1ST TIME USED CONDOM <input type="text"/> <input type="text"/> DON'T KNOW/CAN'T REMEMBER 98	

NO.	QUESTIONS AND FILTRES	CODES				GO TO
445	<p>Have you run into any problems using a condom?</p> <p>IF "YES": What were the problems ?</p> <p>ASK : Auy other problem ?</p> <p>RECORD ALL PROBLEMS MENTIONED.</p>	<p>EMBARRASSING TO BUY/ TO GET A CONDOM A</p> <p>DIFFICULT TO PUT ON/ TO GET OFF B</p> <p>IT SPOILS THE MOOD C</p> <p>IT REDUCES MY PLEASURE D</p> <p>MY WIFE PARTNER DOESN'T LIKE IT E</p> <p>MY WIFE/PARTNER IS ALREADY PREGNANT F</p> <p>NOT PRACTICAL TO USE G</p> <p>IT BREAKS/IT DOESN'T STAY IN PLACE H</p> <p>OTHER X (SPECIFY)</p> <p>NO PROBLEMS Y</p>				
447	<p>Now I would like to read you certain statements that other people have made on the use of condoms. Could you tell me if you agree or not with each of the following statements?</p> <p>a) A condom reduces sexual pleasure for the man.</p> <p>b) A condom is not practical to use.</p> <p>c) A condom can be re-used.</p> <p>d) A condom protects against getting disease.</p> <p>e) Buying condoms is embarrassing.</p> <p>f) A woman doesn't have the right to tell a man to use a condom.</p>		AGRE E	NOT AGREE	DON'T KNOW/ NO OPINION	
		a)	.....1	.....2	.....3	
		b)	.....1	.....2	.....3	
		c)	.....1	.....2	.....3	
		d)	.....1	.....2	.....3	
		e)	.....1	.....2	.....3	
		f)	.....1	.....2	.....3	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	<p>VÉRIFIER 409:</p> <p>HAS ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>HAS 2 WIVES/ PARTNERS, OR MORE <input type="checkbox"/></p> <p>NOT ASKED <input type="checkbox"/></p>		→ 505
502	<p>Is your wife/partner (any of your wives/partners) currently pregnant?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>UNSURE..... 3</p>	
503	<p>CHECK 502:</p> <p>YES, WIFE(S)/ PARTNER(S) PREGNANT <input type="checkbox"/></p> <p>NO, NO WIFE/ PARTNER PREGNANT NOT SURE <input type="checkbox"/></p> <p>Now I have some questions about the future. After the child(ren) your wife/wives/partner(s) is/are expecting now, would you like to have another child or would you prefer not to have any more children at all?</p> <p>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 at all?</p>	<p>HAVE A/ANOTHER CHILD..... 1</p> <p>NO MORE/NONE..... 2</p> <p>WIFE/WIVES INFECUND/ STERILIZED..... 3</p> <p>UNDECIDED/DON'T KNOW..... 8</p>	→ 505
504	<p>How long would you like to wait from now before the birth of (a/another) child ?</p>	<p>MONTHS.....1 <input type="text"/></p> <p>YEARS.....2 <input type="text"/></p> <p>SOON/NOW.....993</p> <p>AFTER MARRIAGE.....995</p> <p>OTHER.....996 (SPECIFY)</p> <p>DON'T KNOW.....998</p>	
505	<p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>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>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>PAS D'ENFANT.....00</p> <p>NOMBRE.....<input type="text"/></p> <p>AUTRE.....96 (SPECIFY)</p>	→ 507 → 507
506	<p>How many of these children would you like to be boys, how many would you like to be girls, and for how many would the sex not matter?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMB. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER.....96 (SPECIFY)</p>	
507	<p>Would you say that you approve or disapprove of couples using a contraceptive method to avoid getting pregnant?</p>	<p>APPROVE..... 1</p> <p>DISAPPROVE..... 2</p> <p>DON'T KNOW/UNSURE..... 8</p>	
508	<p>In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine?</p>	<p>YES NO</p> <p>RADIO..... 1 2</p> <p>TELEVISION..... 1 2</p> <p>NEWSPAPER OR MAGAZINE...1 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES..... 1 NO..... 2	→ 512
511	With who have you discussed it? Anyone else? RECORD ALL PERSONS MENTIONED.	WIFE(WIVES)/PARTNER(S)..... A MOTHER..... B FATHER..... C SISTER(S)..... D BROTHER(S)..... E DAUGHTER..... F SON..... G MOTHER(S)-IN-LAW..... H FATHER(S)-IN-LAW..... I FRIENDS/NEIGHBOURS..... J OTHER _____ X (SPECIFY)	
512	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES..... 1 NO..... 2	

SECTION 6. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	VÉRIFIER 209: HAS HAD ONE OR MORE CHILDREN <input type="checkbox"/>	HAS NOT HAD ANY CHILDREN <input type="checkbox"/>	→ 617
602	Please tell me the name and sex of your child (who was born most recently). _____ (NAME OF CHILD)	BOY..... 1 GIRL..... 2	
603	In what month and year was (NAME OF CHILD) born?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
604	Is (NAME OF CHILD) still living?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 606 → 606
605	How old was (NAME OF CHILD) when he/she died? IF '1 YEAR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR 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"/> DON'T KNOW 998	
606	What is the name of (NAME OF CHILD)'s mother? WRITE THE CHILD'S MOTHER'S NAME AND HER LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF THE MOTHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE RECORD '00' NAME OF CHILD'S MOTHER _____	LINE NUMBER..... <input type="text"/> <input type="text"/>	
607	CHECK 603: (LAST) CHILD BORN SINCE JANUARY 2000 OR LATER <input type="checkbox"/>	(LAST) CHILD BORN BEFORE JANUARY 2000 <input type="checkbox"/>	→ 617
608	CHECK 606: LINE NUMBER IS '00' <input type="checkbox"/>	OTHER LINE NUMBER <input type="checkbox"/>	→ 610
609	What is your relationship with (NAME OF MOTHER OF LAST CHILD BORN)?	CURRENT SPOUSE..... 01 FORMER SPOUSE.....02 CURRENT LIVE-IN PARTNER.....03 FORMER LIVE-IN PARTNER.....04 REGULAR SEXUAL PARTNER.....05 WOMAN IS GIRLFRIEND/FIANCÉE .....06 OCCASIONAL SEXUAL PARTNER.....07 FRIEND/ACQUAINTANCE .....08 OTHER _____ 96 (SPECIFY)	

610	AFTER ASKING Q610A, FIRST ASK Q611 AND Q612 ABOUT PREGNANCY, THEN 610B, 611 AND 612 ABOUT DELIVERY, AND PROCEED IN THE SAME WAY FOR THE COLUMN " 6 WEEKS AFTER DELIVERY". ALL QUESTIONS REFER TO THE LAST BIRTH.		
	PREGNANCY	DELIVERY	6 WEEKS AFTER DELIVERY
Now, think back to the time when (NAME OF CHILD'S MOTHER Q606) was pregnant with (NAME OF CHILD Q602).	610A: Did (NAME OF CHILD'S MOTHER) receive any antenatal care from a doctor or any health care provider when she was pregnant with (NAME OF CHILD)? YES.....1 NO .....2 (SKIP TO 612) ← DON'T KNOW.....8 (SKIP TO 610B ← IN THE NEXT COLUMN)	610B : Did a doctor or any health care provider assist with the delivery of (NAME OF CHILD)? YES.....1 NO.....2 (SKIP TO 612) ← DON'T KNOW.....8 (SKIP TO 610C ← IN THE NEXT COLUMN)	610C: Did (NAME OF CHILD'S MOTHER) receive any care for herself from a doctor or any health care provider during the six weeks after this delivery? YES.....1 NO.....2 (SKIP TO 612) ← DON'T KNOW.....8 (SKIP TO 613 ← IN THE NEXT COLUMN)
611 Who mainly provided the money or goods or services to pay for this care?	FREE .....01 INSURANCE.....02 RESPONDENT .....03 CHILD'S MOTHER .....04 RESPONDENT AND CHILD'S MOTHER .....05 RESPONDENT'S FAMILY.....06 CHILD'S MOTHER'S FAMILY.....07 OTHER _____ 96 (SPECIFY) (SKIP TO 610B IN THE NEXT COLUMN)	FREE .....01 INSURANCE.....02 RESPONDENT .....03 CHILD'S MOTHER .....04 RESPONDENT AND CHILD'S MOTHER .....05 RESPONDENT'S FAMILY.....06 CHILD'S MOTHER'S FAMILY.....07 OTHER _____ 96 (SPECIFY) (SKIP TO 610C IN THE NEXT COLUMN)	FREE .....01 INSURANCE.....02 RESPONDENT .....03 CHILD'S MOTHER .....04 RESPONDENT AND CHILD'S MOTHER .....05 RESPONDENT'S FAMILY.....06 CHILD'S MOTHER'S FAMILY.....07 OTHER _____ 96 (SPECIFY) (SKIP TO 613)
612 What was the main reason (NAME OF CHILD'S MOTHER) did not receive any advice or care from a doctor or other health care provider during (pregnancy/delivery/the six weeks after delivery)?	NOT NECESSARY .....01 NOT CUSTOMARY .....02 RESPONDENT DIDN'T ALLOW .....03 TOO COSTLY.....04 TOO FAR/NO TRANSPORT .....05 POOR SERVICE .....06 LACK OF KNOWLEDGE .....07 OTHER _____ 96 (SPECIFY) (SKIP TO 610B IN THE NEXT COLUMN)	NOT NECESSARY .....01 NOT CUSTOMARY .....02 RESPONDENT DIDN'T ALLOW .....03 TOO COSTLY.....04 TOO FAR/NO TRANSPORT .....05 POOR SERVICE .....06 LACK OF KNOWLEDGE .....07 OTHER _____ 96 (SPECIFY) (SKIP TO 610B IN THE NEXT COLUMN)	NOT NECESSARY .....01 NOT CUSTOMARY .....02 RESPONDENT DIDN'T ALLOW .....03 TOO COSTLY.....04 TOO FAR/NO TRANSPORT .....05 POOR SERVICE .....06 LACK OF KNOWLEDGE .....07 OTHER _____ 96 (SPECIFY)
613	At any time while (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD), did you yourself talk with a doctor or any other health care provider about the health of the mother or of the pregnancy?		YES 1 NO 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
614	CHECK 602 AND 604: NAME OF (LAST) CHILD _____ (LAST) CHILD LIVING <input type="checkbox"/> (LAST) CHILD NOT LIVING OR DON'T KNOW <input type="checkbox"/>		→ 617
615	Does (NAME OF CHILD) live with you in your household?	YES..... 1 NO..... 2	→ 617
616	In your household who usually decides what to do if the (NAME OF CHILD) is ill? RECORD ALL PERSONS MENTIONED.	RESPONDENT.....A CHILD'S MOTHER.....B WIFE/PARTNER WHO IS NOT CHILD'S MOTHER.....C FEMALE RELATIVE.....D MALE RELATIVE.....E OTHER X (SPECIFY) CHILD HAS NEVER BEEN ILL... Y	
617	Now, I want to talk to you about pregnancy and the health of children. Sometimes a pregnancy can have complications that lead to miscarriage or even death. What are some of the signs and symptoms that indicate that a pregnancy may be in danger? PROBE: Any other signs or symptoms? RECORD ALL SIGNS AND SYMPTOMS MENTIONED.	VAGINAL BLEEDING..... A HIGH FEVER..... B ABDOMINAL PAIN..... C SWELLING OF HANDS AND FEET .....D DIFFICULT LABOR FOR MORE THAN 12 HOURS..... E CONVULSIONS..... F OTHER X (SPECIFY) DON'T KNOW ANY SIGNS OR SYMPTOMS..... Y	
618	When a child has diarrhoea, should he/she be given less to drink than usual, about the same amount, or more than usual?	LESS..... 1 ABOUT THE SAME .....2 MORE..... 3 DON'T KNOW..... 8	
619	Have you ever heard of a special product called [LOCAL NAME FOR ORS PACKET] you can get for the treatment of diarrhea?	YES..... 1 NO..... 2	
620	Now, please tell me about yourself. Do you currently smoke cigarettes or tobacco? ¹ IF YES: What type of tobacco do you smoke? RECORD ALL TYPES MENTIONED.	YES, CIGARETTES..... A YES, PIPE..... B YES, OTHER TOBACCO..... C NO..... Y	
621	CHECK 620: CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/>		→ 623
622	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES..... <input type="text"/>	
623	Have you ever drunk an alcohol-containing beverage?	YES..... 1 NO..... 2	→ 701
624	In the last 3 months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY, RECORD '90'.	NUMBER OF DAYS <input type="text"/> NONE/NEVER95	
625	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES..... 1 NO..... 2	→ 701

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
626	CHECK 624: DRANK ALCOHOL <input type="checkbox"/> AT LEAST 1 DAY <input type="checkbox"/>	NONE <input type="checkbox"/>	<input type="checkbox"/> → 701
627	In the last 3 months, on how many occasions did you get "drunk"?	NUMBER OF TIMES <input type="checkbox"/> <input type="checkbox"/> NONE/NEVER..... 95	

SECTION 7. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES..... 1 NO..... 2	→735
702	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and has no other partners?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
703	Can a person get the AIDS virus from mosquito bites?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
704	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
705	Can a person get the AIDS virus by sharing food with a person who has AIDS?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
706	Can people reduce their chance of getting the AIDS virus by not having sex at all?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
707	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
708	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES..... 1 NO..... 2 DON'T KNOW..... 8	710
709	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX.....A USE CONDOMS.....B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER.....C LIMIT NUMBER OF SEXUAL PARTNERS AVOID SEX WITH PROSTITUTES.....E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS.....F AVOID SEX WITH HOMOSEXUALS.....G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY.....H AVOID BLOOD TRANSFUSIONS.....I AVOID INJECTIONS .....J AVOID SHARING RAZORS/BLADES.....K AVOID KISSING.....L AVOID MOSQUITO BITES.....M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER.....N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW.....Z	
710	Is it possible for a healthy-looking person to have the AIDS virus?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
711	Can the virus that causes AIDS be transmitted from a mother to her child... During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG 1 2 8 DURING DELV 1 2 8 DURING BRSTFD 1 2 8	







NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	CHECK 711: A YES IN AT LEAST ONCE <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 714
713	Are there special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby during pregnancy?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
714	Are there special drugs, which a person infected with the AIDS virus can get from the doctor or the nurse?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
715	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES..... 1 NO..... 2	→ 720
716	When was the last time you were tested?	LESS THAN 12 MONTHS..... 1 12-23 MONTHS..... 2 2 YEARS OR MORE..... 3	
717	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST..... 1 OFFERED AND ACCEPTED..... 2 REQUIRED..... 3	
718	I don't want to know the results, but did you get the results of the test?	YES..... 1 NO..... 2	
719	Where did you go for the test? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL..... 11 GOVERNMENT HEALTH CENTER..... 12 VCT CENTER..... 13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC..... 21 PRIVATE DOCTOR..... 22 VCT CENTER..... 23 ARBEF CLINIC..... 24 INFIRMARY..... 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY)	
720	Do you know a place where you could go to get an AIDS test?	YES..... 1 NO..... 2	→ 722
721	Where? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITES THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE _____ (NAME OF PLACE) Are there other places? RECORD ALL PLACES MENTIONED	PUBLIC SECTOR GOVERNMENT HOSPITAL..... A GOVERNMENT HEALTH CENTER..... B VCT CENTER..... C OTHER _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC..... E PRIVATE DOCTOR F VCT CENTER G ARBEF CLINIC... H INFIRMARY..... I OTHER PRIVATE MEDICAL _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
722	Would you buy fresh vegetables from a vendor who has the AIDS virus?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
722A	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: on the radio? on the TV? in newspapers?	NOT ACCEPT-ABLE ACCEPT-ABLE ON THE RADIO.....1 2 ON THE TV.....1 2 IN NEWSPAPERS.....1 2	
722B	During the last three, have you ever heard or seen on AIDS through the media?	YES..... 1 NO..... 2 DON'T KNOW..... 8	<input type="checkbox"/> → 722F
722C	In what media coverage did you hear or see something about AIDS The radio? The TV? In newspapers? On posters, leaflets or logo	YES NO ON THE RADIO.....1 2 ON THE TV..... 1 2 NEWSPAPERS..... .1 2 POSTERS, LEAFLETS OR LOGO..... 1 2	
722D	Have you changed your behaviour as results of things you have ever heard or seen about AIDS?	YES..... 1 NO..... 2 DON'T KNOW..... 8	<input type="checkbox"/> → 722F
722E	How and In what way did you change your behaviour? RECORD ALL WAYS MENTIONED.	LIMIT NUMBER OF SEX PARTNERS.. A LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER..... B AVOID SEX WITH OCCASIONAL PARTNERS..... C AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS..... D USE CONDOM FOR SEX WITH OCCASIONAL PARTNER..... E ABSTAIN FROM SEX F AVOID BLOOD INJECTIONS..... G AVOID TRANSFUSIONS..... H OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY)	
722F	CHECK 501: YES, CURRENTLY MARRIED/LIVING WITH A WOMAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→ 723
722G	Have you ever talked with (your wife/the woman you are living with) about ways to prevent getting the virus that causes AIDS?	YES..... 1 NO..... 2	
722H	In the last six-month, have you ever advised any one about ways to prevent getting the virus that causes AIDS?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
723	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES..... 1 NO..... 2 DON'T KNOW/UNSURE..... 8	
724	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES..... 1 NO..... 2 DON'T KNOW/UNSURE/DEPENDS... 8	
725	If a female teacher has the AIDS virus, should she be allowed to continue teaching in the school?	CAN CONTINUE..... 1 SHOULD NOT CONTINUE..... DON'T KNOW/UNSURE/DEPENDS....	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
726	Do you know any person who has ever been denied of medical services during the last 12 months because he/she is suspected to have AIDS or because he/she has AIDS?	YES..... NO..... DON'T KNOW A PERSON WITH AIDS	→731
727	Do you know any person who has ever been denied of participation in the social mobilisation, religious services on in the community events during the last 12 months because he/she is suspected to have AIDS or because he/she has AIDS?	YES..... NO.....	
728	Do you know any person who has ever been insulted or abused during the last 12 months because he/she is suspected to have AIDS or because he/she has AIDS?	YES..... NO.....	
729	CHECK 726, 727,728: OTHER <input type="checkbox"/> AT LEAST ONE YES <input type="checkbox"/>		→731
730	Do you know any person who is suspected to have AIDS, haS AIDS or who has died of AIDS?	YES..... NO.....	
731	Would you agree or disagree with the affirmation that: People who have AIDS should feel ashamed?	AGREE..... DON'T AGREE..... DON'T KNOW/NO OPINION.....	
732	Would you agree or disagree with the affirmation that: People who have AIDS should be blamed for bringing the disease into the community?	AGREE..... DON'T AGREE..... DON'T KNOW/NO OPINION.....	
733	Should children between age 12 and 14 be taught about using a condom to prevent AIDS?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
734	Should children between age 12 and 14 wait until the get married to have sexual intercourse in order to avoid AIDS?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
735	Do you think young men should be wait until they are married to have sexual intercourse?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
736	Would you think that most young men that you know wait until they are married to have sexual intercourse?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
737	Do you think that most men you know who are not married and are having sex, have sex with only one partner?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
738	Do you think that most men you know who are not married and are having sex, have sex with only one partner?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
739	Do you believe that married men should only have sex with their wives?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
740	Do you think that most married men you know have sex only with their wives?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
741	Do you believe that young women should wait until they are married to have sexual intercourse?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
742	Do you think that most young women you know wait until they are married to have sexual intercourse?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
743	Do you believe that women who are not married and are having sex should only have sex with one partner?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
744	Do you think that most women you know who are not married and are having sex, have sex with only one partner?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
745	Do you believe that married women should only have sex with their husbands?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	
746	Do you think that most married women you know have sex only with their husbands?	YES..... NO..... DON'T KNOW/UNSURE/DEPENDS...	

SECTION 8: OTHER HEALTH PROBLEMS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
801	Some men are circumcised, are also circumcised?	YES..... 1 NO..... 2			
802	CHECK 701: <table border="0" style="width:100%"> <tr> <td style="width:50%"> HEARD OF AIDS  Apart from AIDS have you ever heard of any other sexually transmitted disease? </td> <td style="width:50%"> NOT HEARD OF AIDS  have you ever heard of any other sexually transmitted disease? </td> </tr> </table>	HEARD OF AIDS  Apart from AIDS have you ever heard of any other sexually transmitted disease?	NOT HEARD OF AIDS  have you ever heard of any other sexually transmitted disease?	YES..... 1 NO..... 2	—>805
HEARD OF AIDS  Apart from AIDS have you ever heard of any other sexually transmitted disease?	NOT HEARD OF AIDS  have you ever heard of any other sexually transmitted disease?				
803	What are the symptoms which indicate that a man is infected with a sexually transmitted infection? Is there any other symptom? RECORD ALL MENTIONED SYMPTOMS	ABDOMINAL PAIN..... A GENITAL DISCHARGE/RIPPING..... B FOUL SMELLING DISCHARGE..... C BURNING PAIN ON URINATION..... D READINES/INFLAMATION IN GENITAL AREA..... E SWELLING IN GENITAL AREA..... F GENITAL SORES/ULCERS..... G GENITAL WARTS..... H GENITAL ITCHING..... I BLOOD IN URINE..... J LOSS OF WEIGHT..... K IMPORTANCE..... L OTHER..... W SPECIFY OTHER..... X SPECIFY NO SYMPTOMS..... Y DON'T KNOW..... Z			
804	Are there other symptoms which can indicate that a women is infected a sexually transmitted infection? Is there any other symptom? RECORD ALL MENTIONED SYMPTOMS	ABDOMINAL PAIN..... A GENITAL DISCHARGE/RIPPING..... B FOUL SMELLING DISCHARGE..... C BURNING PAIN ON URINATION..... D READINES/INFLAMATION IN GENITAL AREA..... E SWELLING IN GENITAL AREA..... F GENITAL SORES/ULCERS..... G GENITAL WARTS..... H GENITAL ITCHING..... I BLOOD IN URINE..... J LOSS OF WEIGHT..... K IMPORTANCE..... L OTHER..... W SPECIFY OTHER..... X SPECIFY NO SYMPTOMS..... Y DON'T KNOW..... Z			
805	CHECK 416: HAD SEX <input type="checkbox"/> NOT HAD SEX <input type="checkbox"/>		—>816		
806	CHECK 802: HEARD ABOUT SEXUALLY TRANSMITTED INFECTIONS <input type="checkbox"/> NOT HEARD ABOUT SEXUALLY TRANSMITTED INFECTIONS <input type="checkbox"/>		—>808		
807	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			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
808	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
809	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had an ulcer or sore on or near your penis?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
810	CHECK 807, 808 AND 809: HAD ONE INFECTION (AT LEAST ONE YES) <input type="checkbox"/>	NOT HAD ANY INFECTION OR DON'T KNOW <input type="checkbox"/>	→808
811	The last time you suffered (PROBLEME MENTIONED 807/808 /809), did you seek any kind of advise or treatment?	YES..... 1 NO..... 2	
812	Where did you go? Is there any other place? ENREGISTRER TOUT CE QUI EST MENTIONNÉ	PUBLIC SECTOR GOV.HOSPITAL /ASSISTED A GOV.HEALTH CENT /ASSISTED B CBD AGENT C VCT CENTRE..... D FIELDWORKER..... E OTHER PUBLIC..... F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE DOCTOE H PHARMACY..... I ARBREF CLINIC J VCT CENTRE K INFIRMARY..... L OTHER PRIVATE MÉDICAL..... M (SPECIFY) OTHER SOURCE SHOP..... N OTHER..... X (SPECIFY)	
813	The last time you suffered (PROBLEM(S) OF 807/808/809), did you inform your sexual partner(s) ?	YES..... NO..... SOME/NOT ALL..... 3 HAVE NO PARTNER.....	
814	The last time you suffered (PROBLEM(S) OF 807/808/809), did you do any thing to avoid infecting your partner?	YES..... 1 NO..... 2 PARTNER(S) ALREADY INFECTED... 8	
815	What did you do to prevent you partner from being unected? Took medicine? Stopped sex? Used Condom?	YES NO TOOK MEDICINE..... 1 2 STOPPED SEX..... 1 2 USED CONDOM..... 1 2	
816	Let us now talk about your health status in the last 6 month. During the last six month , have you ever been injected for any reason? IF YES: How many injection did you receive? IF THE NUMBER OF INJECTION IS MORE THAN 94 OR IF HE RECEIVED INJECTION IN 3 MONTH CONSECUTIVELY RECORD 95 IN THE CASE RESPONSE IN NON- NUMERICAL PROBE TO OBTAIN THE ESTIMATIONS	NUMBER OF INJECTIONS..... <input type="text"/> NONE..... 95	
817	For the number of injections you have mentioned, how many were provided by the doctor,a nurse, pharmacist, dentist or any other medical practitioner	NUMBER OF INJECTIONS..... <input type="text"/> NONE..... 95	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p>IF THE NUMBER OF INJECTION IS MORE THAN 99 OR IF IF HE RECEIVED INJECTION IN 3 MONTH CONSECUTIVELY RECORD 95</p> <p>IN THE CASE RESPONSE IN NONO- NUMERICAL PROBE TO OBTAIN THE ESTIMATIONS</p>		
818	Where did you go for injection the last time you got injection?	<p>PUBLIC SECTOR</p> <p>GOV.HOSPITAL /ASSISTED..... 11</p> <p>GOV.HEALTH CENT /ASSISTED..... 12</p> <p>BDC AGENT 13</p> <p>OTHER PUBLIC _____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>DENTIST..... 22</p> <p>PHARMACIST..... 23</p> <p>PRIVATE DOCTOR/NURSE. 24</p> <p>ARBEFCLINIC 25</p> <p>OTHER PRIVATE _____ 26 (SPECIFY)</p> <p>OTHER CARE</p> <p>AT HOME. 31</p> <p>OTHER _____ 96 (SPECIFY)</p>	
819	The last time you were injected, did the person who injected you remove the injection from the cover which has never been open before?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 8</p>	

SECTION 9. ATTITUDES TOWARDS GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP				
901	<p>In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:</p> <p>a) making large household purchases?</p> <p>b) making small daily household purchases?</p> <p>c) deciding when to visit family, friends or relatives?</p> <p>d) deciding what to do with the money she earns for her work?</p> <p>e) deciding how many children to have and when to have them?</p>	HUS- BAND	WIFE	BOTH EQUAL- LY	DON'T KNOW, DEPENDS					
	a)	1	2	3	8					
	b)	1	2	3	8					
	c)	1	2	3	8					
	d)	1	2	3	8					
	e)	1	2	3	8					
902	<p>Sometimes a husband is annoyed or angered by things that his wife/partner does. 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?</p> <p>b) If she neglects the children?</p> <p>c) If she argues with him?</p> <p>d) If she refuses to have sex with him?</p> <p>e) If she burns the food?</p>	YES	NO	DON'T KNOW, DEPENDS						
	a)	1	2	8						
	b)	1	2	8						
	c)	1	2	8						
	d)	1	2	8						
	e)	1	2	8						
903	<p>When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom?</p>	YES 1 NO 2 DON'T KNOW 8								
904	<p>Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband if...</p> <p>a) She is tired and not in the mood?</p> <p>b) She has recently given birth?</p> <p>c) She knows her husband has sex with other women?</p> <p>d) She knows her husband has a sexually transmitted disease?</p>	YES	NO	DON'T KNOW, DEPENDS						
	a)	1	2	8						
	b)	1	2	8						
	c)	1	2	8						
	d)	1	2	8						
805	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...</p> <p>a) Get angry and reprimand her?</p> <p>b) Refuse to give her money or other means of financial support?</p> <p>c) Use force and have sex with her even if she doesn't want to?</p> <p>d) Go and have sex with another woman?</p>	YES	NO	DON'T KNOW, DEPENDS						
	a)	1	2	8						
	b)	1	2	8						
	c)	1	2	8						
	d)	1	2	8						
809	ENREGISTRER L'HEURE	HEURE <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>								

OBSERVATIONS DE L'ENQUÊTEUR

A REMPLIR APRÈS AVOIR TERMINÉ L'INTERVIEW

COMMENTAIRES SUR L'ENQUÊTÉE:

COMMENTAIRES SUR DES QUESTIONS PARTICULIÈRES:

AUTRES COMMENTAIRES:

OBSERVATIONS DE CHEF D'ÉQUIPE

NOM DU CHEF D'ÉQUIPE: _____ DATE: _____

OBSERVATIONS DE LA CONTRÔLEUSE

NOM DE LA CONTRÔLEUSE: _____ DATE: _____

