

RWANDA DEMOGRAPHIC AND HEALTH SURVEYS 2010
HOUSEHOLD QUESTIONNAIRE

MINECOFIN

MINISTRY OF HEALTH

NATIONAL INSTITUTE OF STATISTICS

IDENTIFICATION										
PLACE NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER HOUSEHOLD STRUCTURE NUMBER HOUSEHOLD NUMBER	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>									
HOUSEHOLD SELECTED FOR MALE INTERVIEW, HIV, MALARIA TEST, ANTHROPOMETRIC MEASUREMENTS AND SECTION 12 OF THE WOMAN'S QUESTIONNAIRE	YES = 1 <input type="checkbox"/> NO = 2 <input type="checkbox"/>									

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td>1</td><td> </td></tr></table>					2	0	1	
2	0	1										
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>								
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="checkbox"/>								
TIME	_____	_____										
*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 _____ <div style="text-align: right; margin-right: 50px;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <input type="checkbox"/> <input type="checkbox"/> TOTAL ELIGIBLE WOMEN <input type="checkbox"/> <input type="checkbox"/> TOTAL ELIGIBLE MEN <input type="checkbox"/> <input type="checkbox"/> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <input type="checkbox"/> <input type="checkbox"/>								

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NAME _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

THIS PAGE IS INTENTIONALLY BLANK

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with National Institute of Statistics of Rwanda. We are conducting a survey about health all over Rwanda. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

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

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED ... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END



HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		8	9	10	11
1	2	3	4	5	6	7	8	9	10	11
	<p>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.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-36 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD 95.</p>	<p>What is (NAME'S) current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-59</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="checkbox"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	10	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 08 = BROTHER OR SISTER |
| 02 = WIFE OR HUSBAND | 09 = OTHER RELATIVE |
| 03 = SON OR DAUGHTER | 10 = ADOPTED/FOSTER/STEPCHILD |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = NOT RELATED |
| 05 = GRANDCHILD | 12 = DOMESTIC WORKER |
| 06 = PARENT | 98 = DONT KNOW |
| 07 = PARENT-IN-LAW | |

LINE NO.	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS		IF AGE 0-4 YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	12	13	14	15	16	17	18	19	20
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2009 - 2010) (3) school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
03	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
04	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
05	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
06	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
07	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

- | | |
|-----------------------------|---------------------------------|
| LEVEL | GRADE |
| 1 = PRIMARY | 00 = LESS THAN 1 YEAR COMPLETED |
| 2 = POST-PRIMARY/VOCATIONAL | (USE '00' FOR Q. 17 ONLY. |
| 3 = SECONDARY | THIS CODE IS NOT ALLOWED |
| 4 = TERTIARY | FOR Q. 19) |
| 6 = PRE-PRIMARY | 98 = DON'T KNOW |
| 8 = DON'T KNOW | |

HOUSEHOLD HEALTH EXPENDITURE

LINE NO.	HEALTH INSURANCE			INPATIENT		OUTPATIENT		ILLNESS/ INJURY
	21	22	23	24	25	27	28	
	Is (NAME) covered by any health insurance?	What is (NAME)'s main type of health insurance?	In the last six months, was (NAME) admitted overnight to stay at a health facility?	CIRCLE LINE NUMBER OF PERSON ELIGIBLE FOR IN-PATIENT MODULE	In the last four weeks, did (NAME) receive care from a health provider, a pharmacy, or a traditional healer without staying overnight?	CIRCLE LINE NUMBER OF PERSON ELIGIBLE FOR OUT-PATIENT MODULE	Was (NAME) ill or injured in the last four weeks?	
01	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	01	Y N DK 1 2 8 ↓ GO TO 28	01	Y N DK 1 2 8	
02	1 2 8 ↓ GO TO 23	<input type="checkbox"/>	1 2 8 ↓ GO TO 25	02	1 2 8 ↓ GO TO 28	02	1 2 8	
03	1 2 8 ↓ GO TO 23	<input type="checkbox"/>	1 2 8 ↓ GO TO 25	03	1 2 8 ↓ GO TO 28	03	1 2 8	
04	1 2 8 ↓ GO TO 23	<input type="checkbox"/>	1 2 8 ↓ GO TO 25	04	1 2 8 ↓ GO TO 28	04	1 2 8	
05	1 2 8 ↓ GO TO 23	<input type="checkbox"/>	1 2 8 ↓ GO TO 25	05	1 2 8 ↓ GO TO 28	05	1 2 8	
06	1 2 8 ↓ GO TO 23	<input type="checkbox"/>	1 2 8 ↓ GO TO 25	06	1 2 8 ↓ GO TO 28	06	1 2 8	
07	1 2 8 ↓ GO TO 23	<input type="checkbox"/>	1 2 8 ↓ GO TO 25	07	1 2 8 ↓ GO TO 28	07	1 2 8	
08	1 2 8 ↓ GO TO 23	<input type="checkbox"/>	1 2 8 ↓ GO TO 25	08	1 2 8 ↓ GO TO 28	08	1 2 8	
09	1 2 8 ↓ GO TO 23	<input type="checkbox"/>	1 2 8 ↓ GO TO 25	09	1 2 8 ↓ GO TO 28	09	1 2 8	
10	1 2 8 ↓ GO TO 23	<input type="checkbox"/>	1 2 8 ↓ GO TO 25	10	1 2 8 ↓ GO TO 28	10	1 2 8	

CODES FOR Q. 22: TYPE OF HEALTH INSURANCE

- 1 = MUTUELLE HEALTH INSURANCE/ COMMUNITY BASED HEALTH INSURANCE
- 2 = RAMA
- 3 = MMI
- 4 = PRIVATELY PURCHASED/COMMERCIAL HEALTH INSURANCE
- 6 = OTHER
- 8 = DON'T KNOW

CHILD LABOR

IF AGE 5-16 YEARS

LINE NO.	IF AGE 5-16 YEARS									
	29	29A	30	31	32	33	34	35	36	
	During the past week, did (NAME) do any kind of work for someone who is not a member of this household? IF YES: For pay in cash or kind? 1=YES FOR PAY (IN CASH/KIND) 2=YES, UNPAID 3=NO	What kind of work did (NAME) do for someone who is not a member of this household during the past week? SEE CODES BELOW.	Since last (DAY OF THE WEEK), about how many hours did he/she do this work for someone who is not a member of this household? IF MORE THAN ONE JOB, INCLUDE ALL HOURS IN ALL JOBS.	During the past week, did (NAME), fetch water or collect firewood, for household use?	Since last (DAY OF THE WEEK), about how many hours did he/she fetch water or collect firewood, for household use?	During the past week, did (NAME) do any other family work (on the farm or in a business, or selling goods in the street)? INCLUDE WORK FOR A BUSINESS RUN BY THE CHILD, ALONE OR WITH ONE OR MORE PARTNERS	Since last (DAY OF THE WEEK), about how many hours did he/she spend doing this work for his/her family or himself/herself?	During the past week, did (NAME) help with household chores such as shopping, cleaning, washing clothes, cooking, or caring for children or sick people?	Since last (DAY OF THE WEEK), about how many hours did he/she spend doing these chores?	
01	PAID UNPAID NO 1 2 3 ↓ GO TO 31			Y N 1 2 ↓ GO TO 33		Y N 1 2 ↓ GO TO 35		Y N 1 2 ↓ NEXT LINE		
02	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE		
03	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE		
04	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE		
05	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE		
06	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE		
07	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE		
08	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE		
09	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE		
10	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE		

CODES FOR Q. 29A: TYPE OF WORK THAT THE CHILD DOES OUTSIDE THE HOUSEHOLD

- | | |
|--|---|
| 01 = HOUSEHOLD CHORE (COOKING, FETCHING, WATER/FIRE WOOD, WASHING CLOTHES, HOUSE CLEANING, BABY SITTING, ETC.) | 06 = SELLING GOODS ON THE MARKETS/STREET/SHOP |
| 02 = CULTIVATING/HARVESTING IN GARDEN OR FIELD | 07 = PROSTITUTION |
| 03 = IN PLANTATION (TEA, RICE, COFFEE, OTHER) | 08 = SELLING ALCOHOL, DRUG, AND CIGARETTES |
| 04 = FISHERY | 96 = OTHER |
| 05 = IN MINE/QUARRIES (BREAKING STONES, MOLDING BRICKS, LOADING TRUCK, OTHER) | |

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		MARITAL STATUS	9	10	11
1	2	3	4	5	6	7	8	9	10	11
	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. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-36 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD 95.	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
1	2	3	4	5	6	7	8	9	10	11
			M F	Y N	Y N	IN YEARS				
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed?
 YES ADD TO TABLE NO

2B) 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 ADD TO TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?
 YES ADD TO TABLE NO

- 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 = OTHER RELATIVE
- 10 = ADOPTED/FOSTER/STEPCHILD
- 11 = NOT RELATED
- 12 = DOMESTIC WORKER
- 98 = DON'T KNOW

LINE NO.	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS		IF AGE 0-4 YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	12	13	14	15	16	17	18	19	20
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2009 - 2010) (3) school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
	12	13	14	15	16	17	18	19	20
11	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
12	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
14	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
16	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
19	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL	GRADE
1 = PRIMARY	00 = LESS THAN 1 YEAR COMPLETED
2 = POST-PRIMARY/VOCATIONAL	(USE '00' FOR Q. 17 ONLY.)
3 = SECONDARY	THIS CODE IS NOT ALLOWED FOR Q. 19)
4 = TERTIARY	
6 = PRE-PRIMARY	98 = DONT KNOW
8 = DONT KNOW	

HOUSEHOLD HEALTH EXPENDITURE

LINE NO.	HEALTH INSURANCE			INPATIENT		OUTPATIENT		ILLNESS/ INJURY
	21	22	23	24	25	27	28	
	Is (NAME) covered by any health insurance?	What is (NAME)'s main type of health insurance?	In the last six months, was (NAME) admitted overnight to stay at a health facility?	CIRCLE LINE NUMBER OF PERSON ELIGIBLE FOR IN-PATIENT MODULE	In the last four weeks, did (NAME) receive care from a health provider, a pharmacy, or a traditional healer without staying overnight?	CIRCLE LINE NUMBER OF PERSON ELIGIBLE FOR OUT-PATIENT MODULE	Was (NAME) ill or injured in the last four weeks?	
	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	11	Y N DK 1 2 8 ↓ GO TO 28	11	Y N DK 1 2 8	
11	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	11	Y N DK 1 2 8 ↓ GO TO 28	11	Y N DK 1 2 8	
12	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	12	Y N DK 1 2 8 ↓ GO TO 28	12	Y N DK 1 2 8	
13	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	13	Y N DK 1 2 8 ↓ GO TO 28	13	Y N DK 1 2 8	
14	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	14	Y N DK 1 2 8 ↓ GO TO 28	14	Y N DK 1 2 8	
15	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	15	Y N DK 1 2 8 ↓ GO TO 28	15	Y N DK 1 2 8	
16	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	16	Y N DK 1 2 8 ↓ GO TO 28	16	Y N DK 1 2 8	
17	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	17	Y N DK 1 2 8 ↓ GO TO 28	17	Y N DK 1 2 8	
18	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	18	Y N DK 1 2 8 ↓ GO TO 28	18	Y N DK 1 2 8	
19	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	19	Y N DK 1 2 8 ↓ GO TO 28	19	Y N DK 1 2 8	
20	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	20	Y N DK 1 2 8 ↓ GO TO 28	20	Y N DK 1 2 8	

CODES FOR Q. 22: TYPE OF HEALTH INSURANCE

- 1 = MUTUELLE HEALTH INSURANCE/
COMMUNITY BASED HEALTH INSURANCE
- 2 = RAMA
- 3 = MMI
- 4 = PRIVATELY PURCHASED/COMMERCIAL HEALTH INSURANCE
- 5 = OTHER
- 8 = DON'T KNOW

CHILD LABOR

IF AGE 5-16 YEARS

LINE NO.	29	29A	30	31	32	33	34	35	36
	During the past week, did (NAME) do any kind of work for someone who is not a member of this household? IF YES: For pay in cash or kind? 1=YES FOR PAY (IN CASH/KIND) 2=YES, UNPAID 3=NO	What kind of work did (NAME) do for someone who is not a member of this household during the past week? SEE CODES BELOW.	Since last (DAY OF THE WEEK), about how many hours did he/she do this work for someone who is not a member of this household? IF MORE THAN ONE JOB, INCLUDE ALL HOURS IN ALL JOBS.	During the past week, did (NAME), fetch water or collect firewood, for household use?	Since last (DAY OF THE WEEK), about how many hours did he/she fetch water or collect firewood, for household use?	During the past week, did (NAME) do any other family work (on the farm or in a business, or selling goods in the street)? INCLUDE WORK FOR A BUSINESS RUN BY THE CHILD, ALONE OR WITH ONE OR MORE PARTNERS	Since last (DAY OF THE WEEK), about how many hours did he/she spend doing this work for his/her family or himself/herself?	During the past week, did (NAME) help with household chores such as shopping, cleaning, washing clothes, cooking, or caring for children or sick people?	Since last (DAY OF THE WEEK), about how many hours did he/she spend doing these chores?
	29	29A	30	31	32	33	34	35	36
11	PAID UNPAID NO 1 2 3 ↓ GO TO 31			Y N 1 2 ↓ GO TO 33		Y N 1 2 ↓ GO TO 35		Y N 1 2 ↓ NEXT LINE	
12	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
13	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
14	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
15	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
16	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
17	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
18	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
19	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
20	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	

CODES FOR Q. 29A: TYPE OF WORK THAT THE CHILD DOES OUTSIDE THE HOUSEHOLD

- | | |
|--|---|
| 01 = HOUSEHOLD CHORE (COOKING, FETCHING, WATER/FIRE WOOD, WASHING CLOTHES, HOUSE CLEANING, BABY SITTING, ETC.) | 06 = SELLING GOODS ON THE MARKETS/STREET/SHOP |
| 02 = CULTIVATING/HARVESTING IN GARDEN OR FIELD | 07 = PROSTITUTION |
| 03 = IN PLANTATION (TEA, RICE, COFFEE, OTHER) | 08 = SELLING ALCOHOL, DRUG, AND CIGARETTES |
| 04 = FISHERY | 09 = OTHER |
| 05 = IN MINE/QUARRIES (BREAKING STONES, MOLDING BRICKS LOADING TRUCK, OTHER) | |

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	→ 114
112	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY)	→ 114
113	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
114	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
115	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF/LEAF 12 SOD 13 RUDIMENTARY ROOFING RUSTIC MAT/PLASTIC 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL/IRON SHEET 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
116	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD 25 REUSED WOOD 26 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)																									
117	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																									
118	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat without a motor? A boat with a motor?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WATCH</td> <td>1</td> <td>2</td> </tr> <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>ANIMAL-DRAWN CART</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITHOUT MOTOR ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITH MOTOR</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	BOAT WITHOUT MOTOR ...	1	2	BOAT WITH MOTOR	1	2	
	YES	NO																									
WATCH	1	2																									
BICYCLE	1	2																									
MOTORCYCLE/SCOOTER ...	1	2																									
ANIMAL-DRAWN CART	1	2																									
CAR/TRUCK	1	2																									
BOAT WITHOUT MOTOR ...	1	2																									
BOAT WITH MOTOR	1	2																									
119	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 121																								
120	How many hectares of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'	HECTARES <input type="text"/> <input type="text"/> . <input type="text"/> 95 OR MORE HECTARES 95.0 DON'T KNOW 99.8																									
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 123																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
122	<p>How many of the following animals does this household own?</p> <p>IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'.</p> <p>Cows (traditional)?</p> <p>Milk cows (modern)?</p> <p>Bulls?</p> <p>Goats?</p> <p>Sheep?</p> <p>Chickens?</p> <p>Pigs?</p> <p>Rabbits?</p> <p>Horses, donkeys, or mules?</p>	<p>COWS</p> <p>MILK COWS</p> <p>BULLS</p> <p>GOATS</p> <p>SHEEP</p> <p>CHICKENS</p> <p>PIGS</p> <p>RABBITS</p> <p>HORSES/DONKEYS/MULES</p> <table border="1" data-bbox="1187 365 1276 814"> <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> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																					
123	Does any member of this household have a bank account?	<p>YES 1</p> <p>NO 2</p>																					
123A	<p>CHECK 21:</p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	<p>→ 126</p>	→ 126																				
123C	ASK TO SEE INSURANCE CARD(S)	<p>YES, CARD SEEN 1</p> <p>NO, CARD NOT SEEN 2</p>																					
123D	Are all members of this household covered by this health insurance?	<p>ALL HOUSEHOLD MEMBERS 1</p> <p>SOME HOUSEHOLD MEMBERS 2</p>	→ 126																				
123E	Does your household plan to obtain health insurance for members that are currently not covered?	<p>YES 1</p> <p>NO 2</p>																					
126	Does your household have any mosquito nets that can be used while sleeping?	<p>YES 1</p> <p>NO 2</p>	→ 137																				
127	<p>How many mosquito nets does your household have?</p> <p>IF 7 OR MORE NETS, RECORD '7'.</p>	<p>NUMBER OF NETS <input type="text"/></p>																					

		NET #1	NET #2	NET #3
128	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2
129	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98
130	OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET/MAMA NET/TUZANET OLYSET/NET PROTECT ... 11 OTHER LLIN DK BRAND ... 16 (SKIP TO 133A) ← 'PRETREATED' NET BUT NOT PERMANENT ... 22 (SKIP TO 132) ← OTHER 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET/MAMA NET/TUZANET OLYSET/NET PROTECT ... 11 OTHER LLIN DK BRAND ... 16 (SKIP TO 133A) ← 'PRETREATED' NET BUT NOT PERMANENT ... 22 (SKIP TO 132) ← OTHER 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET/MAMA NET/TUZANET OLYSET/NET PROTECT ... 11 OTHER LLIN DK BRAND ... 16 (SKIP TO 133A) ← 'PRETREATED' NET BUT NOT PERMANENT ... 22 (SKIP TO 132) ← OTHER 96 DK BRAND 98
131	When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
132	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES 1 NO 2 (SKIP TO 133A) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 133A) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 133A) ← NOT SURE 8
133	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98

		NET #1	NET #2	NET #3
133A	How did you obtain the net?	DURING IMMUNIZATION OF CHILDREN ... 11 DURING IMMUNIZATION CAMPAIGN 12 DURING ANC VISIT 13 FROM A COMMUNITY HEALTH WORKER 14 FROM PHARMACY 15 FROM SHOP 16 OTHER 96 SPECIFY	DURING IMMUNIZATION OF CHILDREN ... 11 DURING IMMUNIZATION CAMPAIGN 12 DURING ANC VISIT 13 FROM A COMMUNITY HEALTH WORKER 14 FROM PHARMACY 15 FROM SHOP 16 OTHER 96 SPECIFY	DURING IMMUNIZATION OF CHILDREN ... 11 DURING IMMUNIZATION CAMPAIGN 12 DURING ANC VISIT 13 FROM A COMMUNITY HEALTH WORKER 14 FROM PHARMACY 15 FROM SHOP 16 OTHER 96 SPECIFY
133B	OBSERVE CONDITION OF MOSQUITO NET: DOES IT HAVE HOLES THAT ARE EQUAL TO OR LARGER THAN THE TIP OF YOUR THUMB?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
133C	OBSERVE OR ASK THE SHAPE OF THE MOSQUITO NET.	CONICAL 1 RECTANGLE 2	YES 1 NO 2	YES 1 NO 2
134	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8
135	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>

		NET #1	NET #2	NET #3
136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 137.
137	Please show me where members of your household most often wash their hands.		OBSERVED 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 2 NOT OBSERVED, NO PERMISSION TO SEE 3 NOT OBSERVED, OTHER REASON 4 (SKIP TO 140) ←	
138	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE SPECIFIC PLACE FOR HANDWASHING.		WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
139	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.		SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE C	
140	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE.		IODINE PRESENT 1 NO IODINE 2 NO SALT IN HOUSEHOLD 3 SALT NOT TESTED 6 _____ (SPECIFY REASON)	

FOR HOUSEHOLD SELECTED FOR MALE INTERVIEW, HIV, MALARIA TEST, ANTHROPOMETRIC AND SECTION 12 OF WOMEN QUESTIONNAIRE

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD STRUCTURE NUMBER ON THE COVER PAGE. THIS IS THE COLUMN NUMBER YOU SHOULD CIRCLE. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE ROW NUMBER YOU SHOULD CIRCLE. FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE NUMBER OF THE ELIGIBLE WOMAN WHO WILL BE ASKED THE HOUSEHOLD RELATIONS QUESTIONS. THEN, GO TO COLUMN (9) IN THE HOUSEHOLD SCHEDULE AND PUT A * NEXT TO THE HOUSEHOLD LINE NUMBER OF THE SELECTED ELIGIBLE WOMAN AND RECORD THIS HOUSEHOLD LINE NUMBER IN THE TWO BOXES AT THE BOTTOM OF THIS TABLE.

FOR EXAMPLE, IF THE HOUSEHOLD STRUCTURE NUMBER IS '716', GO TO COLUMN 6 AND CIRCLE THE COLUMN NUMBER ('6'). IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO ROW 3 AND CIRCLE THE ROW NUMBER ('3'). DRAW LINES FROM COLUMN 6 AND ROW 3 AND FIND THE BOX WHERE THE TWO MEET, AND CIRCLE THE NUMBER IN IT ('3'). THIS MEANS YOU HAVE TO SELECT THE THIRD ELIGIBLE WOMAN. SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE ELIGIBLE WOMEN ARE '02', '03', AND '07'; THEN THE ELIGIBLE WOMAN FOR THE HOUSEHOLD RELATIONS QUESTIONS IS THE THIRD ELIGIBLE WOMAN, I.E., THE WOMAN WITH HOUSEHOLD LINE NUMBER '07'. PUT A * NEXT TO THIS WOMAN'S LINE NUMBER IN COLUMN (9) OF THE HOUSEHOLD SCHEDULE AND ALSO ENTER THE TWO DIGIT LINE NUMBER IN THE TWO BOXES AT THE BOTTOM OF THIS TABLE.

Total number of eligible women	Last digit of the household structure number									
	1	2	3	4	5	6	7	8	9	0
1	1	1	1	1	1	1	1	1	1	1
2	2	1	2	1	2	1	2	1	2	1
3	1	2	3	1	2	3	1	2	3	1
4	1	2	3	4	1	2	3	4	1	2
5	4	5	1	2	3	4	5	1	2	3
6	4	5	6	1	2	3	4	5	6	1
7	3	4	5	6	7	1	2	3	4	5
8	3	4	5	6	7	8	1	2	3	4
9	2	3	4	5	6	7	8	9	1	2
10	1	2	3	4	5	6	7	8	9	10

HOUSEHOLD LINE NUMBER OF WOMAN SELECTED FOR HOUSEHOLD RELATIONS SECTION

INPATIENT HEALTH EXPENDITURES

142	RECORD THE TIME				HOURS <table border="1" style="display:inline-table; width:30px; height:20px; vertical-align:middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display:inline-table; width:30px; height:20px; vertical-align:middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																		
142A	CHECK HHQ24: ONE OR MORE <input type="checkbox"/> INPATIENTS NO <input type="checkbox"/> INPATIENTS	→ 160																					
143	CHECK HHQ24: ENTER THE LINE NUMBER AND NAME OF EACH HOUSEHOLD MEMBER WHO WAS AN INPATIENT. Now I would like to ask some questions about the household members who stayed overnight in a health facility in the last six months.																						
144	LINE NUMBER FROM HHQ24 IN HOUSEHOLD SCHEDULE	INPATIENT LINE NUMBER <table border="1" style="display:inline-table; width:30px; height:20px;"><tr><td> </td><td> </td></tr></table>			INPATIENT LINE NUMBER <table border="1" style="display:inline-table; width:30px; height:20px;"><tr><td> </td><td> </td></tr></table>			INPATIENT LINE NUMBER <table border="1" style="display:inline-table; width:30px; height:20px;"><tr><td> </td><td> </td></tr></table>															
145	NAME FROM HHQ1 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____																			
146	Where did (NAME) most recently stay overnight for health care?	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC FACILITY _____ 26 (SPECIFY)	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC FACILITY _____ 26 (SPECIFY)	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC FACILITY _____ 26 (SPECIFY)	PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY 33 OTHER PRIVATE MED. FACILITY _____ 36 (SPECIFY)																		
147	What was the main reason for (NAME) to seek care this most recent time?	PREGNANCY/ DELIVERY 1 DELIVERY COMPLICATIONS 2 ILLNESS 3 ACCIDENT 4 OTHER _____ 6 (SPECIFY)	PREGNANCY/ DELIVERY 1 DELIVERY COMPLICATIONS 2 ILLNESS 3 ACCIDENT 4 OTHER _____ 6 (SPECIFY)	PREGNANCY/ DELIVERY 1 DELIVERY COMPLICATIONS 2 ILLNESS 3 ACCIDENT 4 OTHER _____ 6 (SPECIFY)																			
148	How much money in total did (NAME) spend on treatment and services received during the most recent overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	TOTAL COST <table border="1" style="display:inline-table; width:50px; height:20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> NO COST/ FREE 000000 IN KIND 999995 DON'T KNOW 999998 (GO TO 149) ←							TOTAL COST <table border="1" style="display:inline-table; width:50px; height:20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> NO COST/ FREE 000000 IN KIND 999995 DON'T KNOW 999998 (GO TO 149) ←							TOTAL COST <table border="1" style="display:inline-table; width:50px; height:20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> NO COST/ FREE 000000 IN KIND 999995 DON'T KNOW 999998 (GO TO 149) ←							

	NAME FROM HHQ1 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____
148A	<p>How much of the total cost did (NAME) spend on the following items:</p> <p>Consultation fees?</p> <p>Ticket moderators?</p> <p>Drugs?</p> <p>Lab. Tests?</p> <p>Other diagnostic tests?</p> <p>Anything else (SPECIFY)?</p> <p>Total</p>	<p>CONS. <input type="text"/></p> <p>TICK. <input type="text"/></p> <p>DRUG <input type="text"/></p> <p>LAB. <input type="text"/></p> <p>DIAG <input type="text"/></p> <p>_____ <input type="text"/></p> <p>TOTAL <input type="text"/></p>	<p>CONS. <input type="text"/></p> <p>TICK. <input type="text"/></p> <p>DRUG <input type="text"/></p> <p>LAB. <input type="text"/></p> <p>DIAG <input type="text"/></p> <p>_____ <input type="text"/></p> <p>TOTAL <input type="text"/></p>	<p>CONS. <input type="text"/></p> <p>TICK. <input type="text"/></p> <p>DRUG <input type="text"/></p> <p>LAB. <input type="text"/></p> <p>DIAG <input type="text"/></p> <p>_____ <input type="text"/></p> <p>TOTAL <input type="text"/></p>
148B	CHECK THE TOTAL IN 148A: IF IT EQUALS THE TOTAL COST IN 148 GO 148C; IF NOT GO BACK TO 148 AND CORRECT IT.			
148C	<p>From which of the following sources did you raise money to pay for the most recent treatment? Please specify how much was contributed from each source:</p> <p>Income?</p> <p>Borrowing from friend/family?</p> <p>Borrowing from other sources?</p> <p>Assistance from friend/family?</p> <p>Assistance from other sources?</p> <p>Selling assets?</p> <p>Total</p>	<p>INCO. <input type="text"/></p> <p>B.FAMIL <input type="text"/></p> <p>_____ <input type="text"/></p> <p>A. FAMIL <input type="text"/></p> <p>_____ <input type="text"/></p> <p>ASSET. <input type="text"/></p> <p>TOTAL <input type="text"/></p>	<p>INCO. <input type="text"/></p> <p>B.FAMIL <input type="text"/></p> <p>_____ <input type="text"/></p> <p>A. FAMIL <input type="text"/></p> <p>_____ <input type="text"/></p> <p>ASSET. <input type="text"/></p> <p>TOTAL <input type="text"/></p>	<p>INCO. <input type="text"/></p> <p>B.FAMIL <input type="text"/></p> <p>_____ <input type="text"/></p> <p>A. FAMIL <input type="text"/></p> <p>_____ <input type="text"/></p> <p>ASSET. <input type="text"/></p> <p>TOTAL <input type="text"/></p>
148D	CHECK THE TOTAL IN 148C: IF IT EQUALS THE TOTAL COST IN 148 GO TO 149; IF NOT GO BACK TO 148C AND CORRECT IT.			
149	<p>Did (NAME) stay overnight at a medical facility another time in the last six months?</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO ←</p> <p>146 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 160)</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO ←</p> <p>146 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 160)</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 146 IN ←</p> <p>FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE INPATIENTS, GO TO 160)</p>

	NAME FROM HHQ1 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____
150	Where did (NAME) stay the next-to-last time he/she stayed overnight for health care?	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC FACILITY 26 _____ (SPECIFY)	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC FACILITY 26 _____ (SPECIFY)	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC FACILITY 26 _____ (SPECIFY)
		PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY 33 OTHER PRIVATE MED. FACILITY 36 _____ (SPECIFY)	PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY 33 OTHER PRIVATE MED. FACILITY 36 _____ (SPECIFY)	PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY 33 OTHER PRIVATE MED. FACILITY 36 _____ (SPECIFY)
		OTHER _____ 96 (SPECIFY)	OTHER _____ 96 (SPECIFY)	OTHER _____ 96 (SPECIFY)
151	What was the main reason for (NAME) to seek care this next-to-last time?	PREGNANCY/ DELIVERY 1 DELIVERY COMPLICATIONS 2 ILLNESS 3 ACCIDENT 4 OTHER 6 _____ (SPECIFY)	PREGNANCY/ DELIVERY 1 DELIVERY COMPLICATIONS 2 ILLNESS 3 ACCIDENT 4 OTHER 6 _____ (SPECIFY)	PREGNANCY/ DELIVERY 1 DELIVERY COMPLICATIONS 2 ILLNESS 3 ACCIDENT 4 OTHER 6 _____ (SPECIFY)
152	How much money in total did (NAME) spend on treatment and services received during the next- to-last overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> COST NO COST/ FREE 000000 IN KIND 999995 DON'T KNOW 999998 (GO TO 153) ←	TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> COST NO COST/ FREE 000000 IN KIND 999995 DON'T KNOW 999998 (GO TO 153) ←	TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> COST NO COST/ FREE 000000 IN KIND 999995 DON'T KNOW 999998 (GO TO 153) ←
152A	How much of the total cost did (NAME) spend on the following items: Consultation fees? Ticket moderators? Drugs? Lab. Tests? Other diagnostic tests? Anything else (SPECIFY)? Total	CONS. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TICK. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DRUG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LAB. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DIAG <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"/> TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CONS. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TICK. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DRUG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LAB. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DIAG <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"/> TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CONS. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TICK. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DRUG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LAB. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DIAG <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"/> TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

	NAME FROM HHQ1 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____
155	What was the main reason for (NAME) to seek care this second-to-last time?	PREGNANCY/ DELIVERY 1 DELIVERY COMPLICATIONS 2 ILLNESS 3 ACCIDENT 4 OTHER _____ 6 (SPECIFY)	PREGNANCY/ DELIVERY 1 DELIVERY COMPLICATIONS 2 ILLNESS 3 ACCIDENT 4 OTHER _____ 6 (SPECIFY)	PREGNANCY/ DELIVERY 1 DELIVERY COMPLICATIONS 2 ILLNESS 3 ACCIDENT 4 OTHER _____ 6 (SPECIFY)
156	How much money in total did (NAME) spend on treatment and services received during the second-to-last overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	TOTAL COST <input type="text"/> NO COST/ FREE 000000 IN KIND 999995 DON'T KNOW 999998 (GO TO 157) ←	TOTAL COST <input type="text"/> NO COST/ FREE 000000 IN KIND 999995 DON'T KNOW 999998 (GO TO 157) ←	TOTAL COST <input type="text"/> NO COST/ FREE 000000 IN KIND 999995 DON'T KNOW 999998 (GO TO 157) ←
156A	How much of the total cost did (NAME) spend on the following items? Consultation fees? Ticket moderators? Drugs? Lab. Tests? Other diagnostic tests? Anything else (SPECIFY)? Total	CONS. <input type="text"/> TICK. <input type="text"/> DRUG <input type="text"/> LAB. <input type="text"/> DIAG <input type="text"/> _____ TOTAL <input type="text"/>	CONS. <input type="text"/> TICK. <input type="text"/> DRUG <input type="text"/> LAB. <input type="text"/> DIAG <input type="text"/> _____ TOTAL <input type="text"/>	CONS. <input type="text"/> TICK. <input type="text"/> DRUG <input type="text"/> LAB. <input type="text"/> DIAG <input type="text"/> _____ TOTAL <input type="text"/>
156B	CHECK THE TOTAL IN 156A: IF IT EQUALS THE TOTAL COST IN 156 GO TO 156C; IF NOT GO BACK TO 156 AND CORRECT IT.			
156C	From which of the following sources did you raise money to pay for the second-to-last treatment? Please specify how much was contributed from each source: Income? Borrowing from friend/family? Borrowing from other sources? Assistance from friend/family? Assistance from other sources? Selling assets? Total	INCO. <input type="text"/> B.FAMIL <input type="text"/> _____ A. FAMIL <input type="text"/> _____ ASSET. <input type="text"/> TOTAL <input type="text"/>	INCO. <input type="text"/> B.FAMIL <input type="text"/> _____ A. FAMIL <input type="text"/> _____ ASSET. <input type="text"/> TOTAL <input type="text"/>	INCO. <input type="text"/> B.FAMIL <input type="text"/> _____ A. FAMIL <input type="text"/> _____ ASSET. <input type="text"/> TOTAL <input type="text"/>

	NAME FROM HHQ1 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____
156D	CHECK THE TOTAL IN 156C: IF IT EQUALS THE TOTAL COST IN 156 GO TO 157; IF NOT GO BACK TO 156C AND CORRECT IT.			
157	Besides the three stays you have told me about, did (NAME) stay overnight in a medical facility another time in the last six months?	YES 1 NO 2 (GO BACK TO ←] 146 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 160)	YES 1 NO 2 (GO BACK TO ←] 146 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 160)	YES 1 NO 2 (GO TO 146 IN ←] FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE INPATIENTS, GO TO 160)
158	In total, how many times did (NAME) stay overnight in a medical facility in the last six months?	NUMBER OF INPATIENT VISITS <input type="text"/> <input type="text"/>	NUMBER OF INPATIENT VISITS <input type="text"/> <input type="text"/>	NUMBER OF INPATIENT VISITS <input type="text"/> <input type="text"/>
159		GO BACK TO 146 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 160	GO BACK TO 146 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 160	GO TO 146 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE INPATIENTS, GO TO 160

OUTPATIENT HEALTH EXPENDITURES

160	CHECK HHQ27: ONE OR MORE <input type="checkbox"/> OUTPATIENTS NO <input type="checkbox"/> OUTPATIENTS	→ 178	
161	CHECK HHQ27: ENTER THE LINE NUMBER AND NAME OF EACH HOUSEHOLD MEMBER WHO WAS AN OUTPATIENT. Now I would like to ask some questions about the household members who consulted a provider for health care in the last four weeks, without having stayed overnight.		
162	LINE NUMBER FROM HHQ27 IN HOUSEHOLD SCHEDULE LINE NUMBER <input style="width:30px; height:20px;" type="text"/>	OUTPATIENT LINE NUMBER <input style="width:30px; height:20px;" type="text"/>	OUTPATIENT LINE NUMBER <input style="width:30px; height:20px;" type="text"/>
163	NAME FROM HHQ1 IN HOUSEHOLD SCHEDULE NAME _____	OUTPATIENT NAME _____	OUTPATIENT NAME _____
164	From what type of health provider did (NAME) get care most recently without staying overnight?		
	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OUTREACH 25 COMM. HEALTH WORKER 26 OTHER PUBLIC FACILITY _____ 27 (SPECIFY)	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OUTREACH 25 COMM. HEALTH WORKER 26 OTHER PUBLIC FACILITY _____ 27 (SPECIFY)	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OUTREACH 25 COMM. HEALTH WORKER 26 OTHER PUBLIC FACILITY _____ 27 (SPECIFY)
	PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY . 33 PHARMACY ... 34 OTHER PRIVATE MED. FACILITY _____ 36 (SPECIFY)	PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY . 33 PHARMACY ... 34 OTHER PRIVATE MED. FACILITY _____ 36 (SPECIFY)	PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY . 33 PHARMACY ... 34 OTHER PRIVATE MED. FACILITY _____ 36 (SPECIFY)
	OTHER SOURCE KIOSK 41 TRADITIONAL PRACTITIONER 42 CHURCH 43 FRIEND/RELAT. 44 OTHER _____ 96 (SPECIFY)	OTHER SOURCE KIOSK 41 TRADITIONAL PRACTITIONER 42 CHURCH 43 FRIEND/RELAT. 44 OTHER _____ 96 (SPECIFY)	OTHER SOURCE KIOSK 41 TRADITIONAL PRACTITIONER 42 CHURCH 43 FRIEND/RELAT. 44 OTHER _____ 96 (SPECIFY)

163	NAME FROM HHQ1 IN HOUSEHOLD SCHEDULE	OUTPATIENT NAME _____	OUTPATIENT NAME _____	OUTPATIENT NAME _____
166C	<p>From which of the following sources did you raise money to pay for the most recent consultation? Please specify how much was contributed from each source:</p> <p>Income? INCO. <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"/></p> <p>Borrowing from friend/family? B.FAMIL <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"/></p> <p>Borrowing from other sources? _____ <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"/></p> <p>Assistance from friend/family? A. FAMIL <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"/></p> <p>Assistance from other sources? _____ <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"/></p> <p>Selling assets? ASSET. <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"/></p> <p>Total TOTAL <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"/></p>	<p>INCO. <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"/></p> <p>B.FAMIL <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"/></p> <p>_____ <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"/></p> <p>A. FAMIL <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"/></p> <p>_____ <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"/></p> <p>ASSET. <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"/></p> <p>TOTAL <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"/></p>	<p>INCO. <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"/></p> <p>B.FAMIL <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"/></p> <p>_____ <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"/></p> <p>A. FAMIL <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"/></p> <p>_____ <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"/></p> <p>ASSET. <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"/></p> <p>TOTAL <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"/></p>	<p>INCO. <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"/></p> <p>B.FAMIL <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"/></p> <p>_____ <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"/></p> <p>A. FAMIL <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"/></p> <p>_____ <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"/></p> <p>ASSET. <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"/></p> <p>TOTAL <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"/></p>
166D	CHECK THE TOTAL IN 166C: IF IT EQUALS THE TOTAL COST IN 166 GO 167; IF NOT GO BACK TO 166C AND CORRECT IT.			
167	<p>Did (NAME) get care another time in the last four weeks without staying overnight?</p> <p>YES 1 NO 2 (GO BACK TO ← 164 IN NEXT COLUMN; OR, IF NO MORE OUTPATIENTS, GO TO 178)</p>	<p>YES 1 NO 2 (GO BACK TO ← 164 IN NEXT COLUMN; OR, IF NO MORE OUTPATIENTS, GO TO 178)</p>	<p>YES 1 NO 2 (GO BACK TO ← 164 IN NEXT COLUMN; OR, IF NO MORE OUTPATIENTS, GO TO 178)</p>	<p>YES 1 NO 2 (GO TO 164 IN ← FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE OUTPATIENTS, GO TO 178)</p>

163	NAME FROM HHQ1 IN HOUSEHOLD SCHEDULE	OUTPATIENT NAME _____	OUTPATIENT NAME _____	OUTPATIENT NAME _____
168	From what type of health provider did (NAME) get care the next-to-last time without staying overnight?	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OUTREACH 25 COMM. HEALTH WORKER 26 OTHER PUBLIC FACILITY 27 _____ (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY . 33 PHARMACY ... 34 OTHER PRIVATE MED. FACILITY 36 _____ (SPECIFY) OTHER SOURCE KIOSK 41 TRADITIONAL PRACTITIONER 42 FRIEND RELATIVE. ... 44 OTHER _____ 96 (SPECIFY)	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OUTREACH 25 COMM. HEALTH WORKER 26 OTHER PUBLIC FACILITY 27 _____ (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY . 33 PHARMACY ... 34 OTHER PRIVATE MED. FACILITY 36 _____ (SPECIFY) OTHER SOURCE KIOSK 41 TRADITIONAL PRACTITIONER 42 FRIEND RELATIVE. ... 44 OTHER _____ 96 (SPECIFY)	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OUTREACH 25 COMM. HEALTH WORKER 26 OTHER PUBLIC FACILITY 27 _____ (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY . 33 PHARMACY ... 34 OTHER PRIVATE MED. FACILITY 36 _____ (SPECIFY) OTHER SOURCE KIOSK 41 TRADITIONAL PRACTITIONER 42 FRIEND RELATIVE. ... 44 OTHER _____ 96 (SPECIFY)

163	NAME FROM HHQ1 IN HOUSEHOLD SCHEDULE	OUTPATIENT NAME _____	OUTPATIENT NAME _____	OUTPATIENT NAME _____
170C	<p>From which of the following sources did you raise money to pay for the next-to-last consultation? Please specify how much was contributed from each source:</p> <p>Income? Income? Borrowing from friend/family? Borrowing from other sources? Assistance from friend/family? Assistance from other sources? Selling asset? Total</p>	<p>INCO. <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"/> B.FAMIL <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"/> _____ A. FAMIL <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"/> _____ ASSET. <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"/> TOTAL <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"/></p>	<p>INCO. <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"/> B.FAMIL <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"/> _____ A. FAMIL <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"/> _____ ASSET. <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"/> TOTAL <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"/></p>	<p>INCO. <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"/> B.FAMIL <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"/> _____ A. FAMIL <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"/> _____ ASSET. <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"/> TOTAL <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"/></p>
170D	CHECK THE TOTAL IN 170C: IF IT EQUALS THE TOTAL COST IN 170 GO 171; IF NOT GO BACK TO 170C AND CORRECT IT.			
171	<p>Besides the two visits you have told me about, did (NAME) get care another time in the last four weeks without staying overnight?</p>	<p>YES 1 NO 2 (GO BACK TO ← 164 IN NEXT COLUMN; OR, IF NO MORE OUTPATIENTS, GO TO 178)</p>	<p>YES 1 NO 2 (GO BACK TO ← 164 IN NEXT COLUMN; OR, IF NO MORE OUTPATIENTS, GO TO 178)</p>	<p>YES 1 NO 2 (GO TO 164 IN ← FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE OUTPATIENTS, GO TO 178)</p>

163	NAME FROM HHQ1 IN HOUSEHOLD SCHEDULE	OUTPATIENT NAME _____	OUTPATIENT NAME _____	OUTPATIENT NAME _____
172	From what type of health provider did (NAME) get care the second-to-last time without staying overnight?	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OUTREACH 25 COMM. HEALTH WORKER 26 OTHER PUBLIC FACILITY 27 _____ (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY . 33 PHARMACY ... 34 OTHER PRIVATE MED. FACILITY 36 _____ (SPECIFY) OTHER SOURCE KIOSK 41 TRADITIONAL PRACTITIONER 42 FRIEND RELATIVE. 44 OTHER _____ 96 (SPECIFY)	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OUTREACH 25 COMM. HEALTH WORKER 26 OTHER PUBLIC FACILITY 27 _____ (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY . 33 PHARMACY ... 34 OTHER PRIVATE MED. FACILITY 36 _____ (SPECIFY) OTHER SOURCE KIOSK 41 TRADITIONAL PRACTITIONER 42 FRIEND RELATIVE. 44 OTHER _____ 96 (SPECIFY)	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OUTREACH 25 COMM. HEALTH WORKER 26 OTHER PUBLIC FACILITY 27 _____ (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY . 33 PHARMACY ... 34 OTHER PRIVATE MED. FACILITY 36 _____ (SPECIFY) OTHER SOURCE KIOSK 41 TRADITIONAL PRACTITIONER 42 FRIEND RELATIVE. 44 OTHER _____ 96 (SPECIFY)

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENTS, AND MALARIA TESTING FOR CHILDREN AGE 0-5
CHECK HOUSEHOLD COVER PAGE TO SEE IF HOUSEHOLD IS SELECTED FOR MALE INTERVIEW, ANEMIA, HIV, MALARIA AND ANTHROPOMETRY

201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2005 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)
205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE) RECORD '00' IF NOT LISTED.	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
210	READ ANEMIA CONSENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2
211	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT994 REFUSED995 OTHER996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT994 REFUSED995 OTHER996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT994 REFUSED995 OTHER996
212	READ MALARIA CONSENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2
212A	RECORD RESULT CODE OF MALARIA TEST	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214)	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214)	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214)

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENTS, AND MALARIA TESTING FOR CHILDREN AGE 0-5

212B	BAR CODE LABEL PUT THE 2ND BAR CODE ON THE SLIDE AND THE 3RD ON TRANSMITTAL FORM.	PUT THE 1ST BAR CODE HERE	PUT THE 1ST BAR CODE HERE	PUT THE 1ST BAR CODE HERE
212C	RESULT OF MALARIA TEST	POSITIVE..... 1 NEGATIVE 2 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214) OTHER 6	POSITIVE 1 NEGATIVE 2 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214) OTHER 6	POSITIVE 1 NEGATIVE 2 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214) OTHER 6
212D	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD. ASK ABOUT ANY TREATMENT THE CHILD HAS ALREADY RECEIVED.	ACCEPTED MEDICINE 1 _____ (SIGN) REFUSED 2 ALREADY HAS ACT . 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) REFUSED 2 ALREADY HAS ACT . 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) REFUSED 2 ALREADY HAS ACT . 3 NOT ELIGIBLE 4 OTHER 6
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 214.			

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENTS, AND MALARIA TESTING FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2005 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES 1 NO 2 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214)
205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2	0-5 MONTHS 1 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE) RECORD '00' IF NOT LISTED.	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>
210	READ ANEMIA CONSENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 (SIGN) ← REFUSED 2	GRANTED 1 (SIGN) ← REFUSED 2	GRANTED 1 (SIGN) ← REFUSED 2
211	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
212	READ MALARIA CONSENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 (SIGN) ← REFUSED 2	GRANTED 1 (SIGN) ← REFUSED 2	GRANTED 1 (SIGN) ← REFUSED 2
212A	RECORD RESULT CODE OF MALARIA TEST	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214)	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214)	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214)

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENTS, AND MALARIA TESTING FOR CHILDREN AGE 0-5

212B	BAR CODE LABEL PUT THE 2ND BAR CODE ON THE SLIDE AND THE 3RD ON TRANSMITTAL FORM.	PUT THE 1ST BAR CODE HERE	PUT THE 1ST BAR CODE HERE	PUT THE 1ST BAR CODE HERE
212C	RESULT OF MALARIA TEST	POSITIVE 1 NEGATIVE 2 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214) OTHER 6	POSITIVE 1 NEGATIVE 2 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214) OTHER 6	POSITIVE 1 NEGATIVE 2 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214) OTHER 6
212D	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD. ASK ABOUT ANY TREATMENT THE CHILD HAS ALREADY RECEIVED.	ACCEPTED MEDICINE 1 _____ (SIGN) _____ REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) _____ REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) _____ REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 214.			
<u>CONSENT STATEMENT FOR ANEMIA TEST</u>				
<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2005 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD/NAMES OF CHILDREN) to participate in the anemia test?</p>				
<u>CONSENT STATEMENT FOR MALARIA TEST</u>				
<p>As part of this survey, we are asking that children all over the country take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.</p> <p>We request that all children born in 2005 or later participate in the malaria testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for malaria immediately and the result will be told to you right away. The result will be kept confidential.</p> <p>Do you have any questions about the malaria test?</p> <p>You can say yes to the test or you can say no. It is up to you to decide. Will you allow (NAME(S) OF CHILD(REN) to participate in the malaria test?</p>				

TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS

IF MALARIA TEST IS POSITIVE: The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called ACT. ACT is very effective and in a few days it should get rid of the fever and other symptoms.

BEFORE PROVIDING ACT, FIRST ASK IF THE CHILD IS ALREADY TAKING OTHER DRUGS AND IF SO, ASK TO SEE THEM. IF CHILD IS ALREADY TAKING ACT, CHECK ON THE DOSE ALREADY AVAILABLE. BE CAREFUL NOT TO OVERTREAT.

You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.

TREATMENT WITH ACT Arthemeter (20mg)+Lumefantrine(120mg) A 3-day treatment schedule with a total of 6 doses is recommended as below	
Weight (in Kg)	Treatment
05.0-14.9 kg	One tablet as an initial dose, 1 tablet again after 8 hours and then 1 tablet twice daily (morning and evening) for the following two days (total course of 6 tablets).
15.0-24.9 kg	Two tablets as an initial dose, 2 tablets again after 8 hours and then 2 tablets twice daily (morning and evening) for the following two days (total course of 12 tablets).
25.0-34.9 kg	Three tablets as an initial dose, 3 tablets again after 8 hours and then 3 tablets twice daily (morning and evening) for the following two days (total course of 18 tablets).
35 kg and above	Four tablets as a single initial dose, 4 tablets again after 8 hours and then 4 tablets twice daily (morning and evening) for the following two days (total course of 24 tablets).

WEIGHT, HEIGHT MEASUREMENT, MALARIA AND HIV TESTING FOR WOMEN AGE 15-49

214	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 215. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
215	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
216	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
217	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
218	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 223) ↙	15-17 YEARS 1 18-49 YEARS 2 (GO TO 223) ↙	15-17 YEARS 1 18-49 YEARS 2 (GO TO 223) ↙
219	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 223) ↙	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 223) ↙	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 223) ↙
220	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>
221	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anemia test?</p>		
222	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 224D)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 224D)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 224D)
223	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the anemia test?</p>		

224	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ ← (SIGN)	GRANTED 1 RESPONDENT REFUSED 2 _____ ← (SIGN)	GRANTED 1 RESPONDENT REFUSED 2 _____ ← (SIGN)
224A	AGE: CHECK 218.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 224F) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 224F) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 224F) ←
224B	MARITAL STATUS: CHECK 219.	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 224F) ←	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 224F) ←	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 224F) ←
		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____
224D	ASK CONSENT FOR MALARIA TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	As part of this survey, we are asking people all over the country to take a Malaria test. Malaria is a serious health problem that caused by a parasite transmitted by a mosquito bite This survey will assist the government to develop programs to prevent and treat Malaria. For the Malaria testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for Malaria immediately, and the result will be told to you and to (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the Malaria test?		
224E	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ ← (SIGN) (IF REFUSED, GO TO 228)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ ← (SIGN) (IF REFUSED, GO TO 228)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ ← (SIGN) (IF REFUSED, GO TO 228)
224F	ASK CONSENT FOR MALARIA TEST FROM RESPONDENT.	As part of this survey, we are asking people all over the country to take a Malaria test. Malaria is a serious health problem that caused by a parasite transmitted by a mosquito bite This survey will assist the government to develop programs to prevent and treat Malaria. For the Malaria testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for Malaria immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the Malaria test?		
224G	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ ← (SIGN)	GRANTED 1 RESPONDENT REFUSED 2 _____ ← (SIGN)	GRANTED 1 RESPONDENT REFUSED 2 _____ ← (SIGN)
225	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
226	AGE: CHECK 218.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 230) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 230) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 230) ←
227	MARITAL STATUS: CHECK 219.	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 230) ←	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 230) ←	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 230) ←

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
228	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Rwanda.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. Again the equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT's) test results either. If (NAME OF ADOLESCENT) wants to know her HIV status, I can provide a list of [nearby] facilities offering counseling and testing for HIV. I will also give her a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the HIV test?</p>		
229	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 239)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 239)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 239)
230	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Rwanda.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. Again the equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the HIV test?</p>		
231	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 239)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 239)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 239)

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME
239	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
240	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
240A	RECORD RESULT CODE OF MALARIA TEST	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 241) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 241) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 241) ←
240B	RESULT OF MALARIA TEST	POSITIVE 1 NEGATIVE 2 OTHER 6	POSITIVE 1 NEGATIVE 2 OTHER 6	POSITIVE 1 NEGATIVE 2 OTHER 6
240C	RECORD RESULT CODE OF DBS COLLECTION	COLLECTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	COLLECTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	COLLECTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
241	BAR CODE LABEL	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE ON THE RESPONDENT'S FILTER PAPER THE 3RD ON THE BLOOD SLIDE FOR MALARIA TEST AND THE 4TH ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE ON THE RESPONDENT'S FILTER PAPER THE 3RD ON THE BLOOD SLIDE FOR MALARIA TEST AND THE 4TH ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE ON THE RESPONDENT'S FILTER PAPER THE 3RD ON THE BLOOD SLIDE FOR MALARIA TEST AND THE 4TH ON THE TRANSMITTAL FORM.
242	GO BACK TO 216 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 243.			

WEIGHT, HEIGHT MEASUREMENT AND HIV TESTING FOR MEN AGE 15-59

243	CHECK COLUMN 10 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 244. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	MAN 1	MAN 2	MAN 3
244	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2 LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
245	WEIGHT IN KILOGRAMS KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
246	HEIGHT IN CENTIMETERS CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
247	AGE: CHECK COLUMN 7. 15-17 YEARS 1 18-59 YEARS 2 (GO TO 258) ←	15-17 YEARS 1 18-59 YEARS 2 (GO TO 258) ←	15-17 YEARS 1 18-59 YEARS 2 (GO TO 258) ←
248	MARITAL STATUS: CHECK COLUMN 8. CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 258) ←	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 258) ←	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 258) ←
249	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED. LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>
256	<p>ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 249 AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.</p> <p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Rwanda.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. Again the equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know his HIV status, I can provide him with a list of [nearby] facilities offering counseling and testing for HIV. I will also give him a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the HIV test?</p>		
257	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 267)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 267)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 267)

258	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Rwanda.</p> <p>For the HIV test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the HIV test?</p>		
259	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	<p>GRANTED 1 RESPONDENT REFUSED 2</p> <p>_____ (SIGN) _____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(IF REFUSED, GO TO 267)</p>	<p>GRANTED 1 RESPONDENT REFUSED 2</p> <p>_____ (SIGN) _____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(IF REFUSED, GO TO 267)</p>	<p>GRANTED 1 RESPONDENT REFUSED 2</p> <p>_____ (SIGN) _____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(IF REFUSED, GO TO 267)</p>
267	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
269	BAR CODE LABEL	<p style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</p> <p>NOT PRESENT99994 REFUSED 99995 OTHER99996</p> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</p>	<p style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</p> <p>NOT PRESENT99994 REFUSED 99995 OTHER99996</p> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</p>	<p style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</p> <p>NOT PRESENT99994 REFUSED 99995 OTHER99996</p> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</p>
270	GO BACK TO 245 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.			

RWANDA DEMOGRAPHIC AND HEALTH SURVEYS 2010
WOMAN'S QUESTIONNAIRE

MINECOFIN

NATIONAL INSTITUTE OF STATISTICS

MINISTRY OF HEALTH

IDENTIFICATION														
PLACE NAME _____														
NAME OF HOUSEHOLD HEAD _____														
CLUSTER NUMBER				<table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>										
HOUSEHOLD STRUCTURE NUMBER				<table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>										
HOUSEHOLD NUMBER				<table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>										
NAME AND LINE NUMBER OF WOMAN _____														
CHECK COVER PAGE OF THE HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR MALE INTERVIEW, HIV, MALARIA TEST, ANTHROPOMETRIC MEASUREMENTS AND SECTION 12 OF THE WOMAN'S QUESTIONNAIRE				YES = 1 <input type="checkbox"/> NO = 2 <input type="checkbox"/>										
CHECK Q. 141 IN HOUSEHOLD QUESTIONNAIRE: IS WOMAN SELECTED FOR QUESTIONS ON RELATIONSHIP IN THE HOUSEHOLD (SECTION 12)?				YES = 1 <input type="checkbox"/> NO = 2 <input type="checkbox"/>										
INTERVIEWER VISITS														
	1	2	3	FINAL VISIT										
DATE	_____	_____	_____	DAY <table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table> MONTH <table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table> YEAR <table border="1" style="width: 60px; height: 20px; border-collapse: collapse;"><tr><td style="text-align: center;">2</td><td style="text-align: center;">0</td><td style="text-align: center;">1</td><td> </td></tr></table>							2	0	1	
2	0	1												
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>										
RESULT*	_____	_____	_____	RESULT <table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>										
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER 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 OTHER _____ 6 SPECIFY			TRANSLATOR USED? YES 1 NO 2											
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY										
NAME _____ <table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>				NAME _____ <table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>					<table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table>		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

<p>INFORMED CONSENT</p> <p>Hello. My name is _____ . I am working with the National Institute of Statistics of Rwanda. We are conducting a survey about health all over Rwanda. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.</p> <p>In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.</p> <p>Do you have any questions? 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> <p align="center">↓</p>	
--	--

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, post-primary, secondary, or higher?	PRIMARY 1 POST-PRIMARY/VOCATIONAL 2 SECONDARY 3 TERTIARY 4 PRE-PRIMARY 6	
106	What is the highest (grade/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR <input type="text"/> <input type="text"/>	
107	CHECK 105: PRIMARY OR LESS <input type="checkbox"/> ↓ POST-PRIMARY/VOCATIONAL SECONDARY OR TERTIARY <input type="checkbox"/>		→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
109	CHECK 108: CODE '2', '3' <input type="checkbox"/> OR '4' <input type="checkbox"/> CIRCLED ↓ CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 111
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
113	What is your religion?	CATHOLIC 1 PROTESTANT 2 ADVENTIST 3 MUSLIM 4 TRADITIONAL 5 OTHER 6 SPECIFY NO RELIGION 7	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE 00	→ 201
116	In the last 12 months, have you been away from home for more than one month at a time?	YES 1 NO 2	

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).									
212	213	214	215	216	217	218	219	220	221
What name was given to your next baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '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), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 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	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS . . . 1 MONTHS 2 YEARS . . 3	
02	BOY 1 GIRL 2	SING 1 MULT 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	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 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	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 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	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 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	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 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	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 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	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221	
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '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), including any children who died after birth?	
08	BOY 1 GIRL 2	SING 1 MULT 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	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↓ BIRTH NO 2 NEXT ↓ BIRTH	
09	BOY 1 GIRL 2	SING 1 MULT 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	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↓ BIRTH NO 2 NEXT ↓ BIRTH	
10	BOY 1 GIRL 2	SING 1 MULT 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	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↓ BIRTH NO 2 NEXT ↓ BIRTH	
11	BOY 1 GIRL 2	SING 1 MULT 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	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↓ BIRTH NO 2 NEXT ↓ BIRTH	
12	BOY 1 GIRL 2	SING 1 MULT 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	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↓ BIRTH NO 2 NEXT ↓ BIRTH	
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES 1 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)									
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2005 OR LATER.					NUMBER OF BIRTHS <input type="text"/>	NONE 8	→ 226		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	<p>C FOR EACH BIRTH SINCE JANUARY 2005, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p>		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 230
227	<p>How many months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED MONTHS.</p> <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 230
229	Did you want to have a baby later on or did you not want any (more) children?	LATER 1 NO MORE 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 238
231	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
232	<p>CHECK 231:</p> <p>LAST PREGNANCY ENDED IN JAN. 2005 OR LATER <input type="checkbox"/></p> <p>LAST PREGNANCY ENDED BEFORE JAN. 2005 <input type="checkbox"/></p>		→ 238
233	<p>How many months pregnant were you when the last such pregnancy ended?</p> <p>C RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="text"/> <input type="text"/>	
234	Since January 2005, have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 236
235	<p>ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2005.</p> <p>C ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p>		
236	Did you have any miscarriages, abortions or stillbirths that ended before 2005?	YES 1 NO 2	→ 238
237	When did the last such pregnancy that terminated before 2005 end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

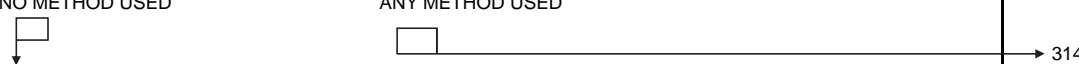
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
238	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1198 241 1291 289"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" data-bbox="1198 296 1291 344"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" data-bbox="1198 350 1291 399"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" data-bbox="1198 405 1291 453"><tr><td></td><td></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996									
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 301								
240	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									

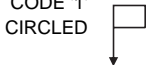
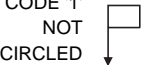
SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2
03	IUD PROBE: Women can have a loop or coil placed inside them (uterus) by a doctor or a nurse.	YES 1 NO 2
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2
05	Implants/Jadelle. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2
09	Lactational Amenorrhea Method (LAM)	YES 1 NO 2
10	Rhythm Method. PROBE: 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
11	Standard Days Methods (SDM). PROBE: The woman know days of the month when she can get pregnant by using beads or calendar	YES 1 NO 2
12	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2
13	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2
302	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> → 311	

303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 311
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS/JADELLE E PILL F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD K RHYTHM METHOD L STANDARD DAYS METHOD M WITHDRAWAL N OTHER MODERN METHOD X OTHER TRADITIONAL METHOD ... Y	→ 307 → 308A → 306 → 308A
305	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	MICROGYNON 01 LOFEMENAL 02 OVRETTE 03 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 308A
306	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	PRUDENCE 01 PLEASURE PLUS 02 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 308A
307	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC/AGREE SECTOR REFERRAL HOSPITAL 11 DISTRICT HOSPITAL 12 HEALTH CENTER 13 HEALTH POST 14 OUTREACH 15 OTHER PUBLIC HEALTH FACILITY _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC 21 CLINIC 22 DISPENSARY 23 OTHER PRIVATE HEALTH FACILITY _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
308	In what month and year was the sterilization performed?								
308A	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>							
309	<p>CHECK 308/308A, 215 AND 231:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A</p> <p>GO BACK TO 308/308A, 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>							
310	<p>CHECK 308/308A:</p> <p>YEAR IS 2005 OR LATER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p>	<p>YEAR IS 2004 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2005.</p> <p>THEN SKIP TO \longrightarrow 322</p>							
311	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2005.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>C IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then? <p>IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? * IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1. 								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/> 		→ 314
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 324
314	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS/JADELLE 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD 11 RHYTHM METHOD 12 STANDARD DAYS METHOD 13 WITHDRAWAL 14 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 324 → 317A → 326 → 315A → 326
315	You first started using (CURRENT METHOD) in (DATE FROM 308/308A). Where did you get it at that time?	PUBLIC/AGREE SECTOR REFERRAL HOSPITAL 11 DISTRICT HOSPITAL 12 HEALTH CENTER 13 HEALTH POST 14 OUTREACH 15 COMMUNITY HEALTH WORKER ... 16 OTHER PUBLIC HEALTH FACILITY _____ 17 (SPECIFY)	
315A	Where did you learn how to use the rhythm/lactational amenorhea method/standard days method? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PRIVATE MEDICAL SECTOR POLYCLINIC 21 CLINIC 22 DISPENSARY 23 PHARMACY 24 FAMILY PLANING CLINIC 25 OTHER PRIVATE HEALTH FACILITY _____ 26 (SPECIFY) OTHER SOURCES KIOSK 31 CHURCH 32 FRIEND/RELATIVE 33 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	IUD 03 INJECTABLES 04 IMPLANTS/JADELLE 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD 11 RHYTHM METHOD 12 STANDARD DAYS METHOD 13	 → 323 → 320 → 326
317	<p>At that time, were you told about side effects or problems you might have with the method?</p>	YES 1 NO 2	→ 319
317A	<p>When you got sterilized, were you told about side effects or problems you might have with the method?</p>		
318	<p>Were you ever told by a health or family planning worker about side effects or problems you might have with the method?</p>	YES 1 NO 2	→ 320
319	<p>Were you told what to do if you experienced side effects or problems?</p>	YES 1 NO 2	
320	<p>CHECK 317:</p> <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>At that time, were you told about other methods of family planning that you could use?</p> <p>When you obtained (CURRENT METHOD FROM 314) from (SOURCE OF METHOD FROM 307 OR 315), were you told about other methods of family planning that you could use?</p>	 YES 1 NO 2	 → 322
321	<p>Were you ever told by a health or family planning worker about other methods of family planning that you could use?</p>	YES 1 NO 2	
322	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS/JADELLE 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD 11 RHYTHM METHOD 12 STANDARD DAYS METHOD 13 WITHDRAWAL 14 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	 → 326 → 326 → 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REFERAL HOSPITAL 11</p> <p>DISTRICT HOSPITAL 12</p> <p>HEALTH CENTER 13</p> <p>HEALTH POST 14</p> <p>OUTREACH 15</p> <p>COMMUNITY HEALTH WORKER ... 16</p> <p>OTHER PUBLIC HEALTH FACILITY _____ 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC 21</p> <p>CLINIC 22</p> <p>DISPENSARY 23</p> <p>PHARMACY 24</p> <p>FAMILY PLANING CLINIC 25</p> <p>OTHER PRIVATE HEALTH FACILITY _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCES</p> <p>KIOSK 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 326</p>
324	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 326</p>
325	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REFERAL HOSPITAL A</p> <p>DISTRICT HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH E</p> <p>COMMUNITY HEALTH WORKER ... F</p> <p>OTHER PUBLIC HEALTH FACILITY _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>FAMILY PLANING CLINIC L</p> <p>OTHER PRIVATE HEALTH FACILITY _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCES</p> <p>KIOSK N</p> <p>CHURCH O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
326	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	YES 1 NO 2	
327	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES 1 NO 2	→ 401
328	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2005 OR LATER <input type="checkbox"/> NO BIRTHS IN 2005 OR LATER <input type="checkbox"/> → 556			
402	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2005 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)			
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ← NO 2	YES 1 (SKIP TO 430) ← NO 2	YES 1 (SKIP TO 430) ← NO 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER 1 NO MORE 2 (SKIP TO 408) ←	LATER 1 NO MORE 2 (SKIP TO 430) ←	LATER 1 NO MORE 2 (SKIP TO 430) ←
407	How much longer did you want to wait?	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998
408	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 415) ←	(This area is shaded grey and contains no text.)	
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MED. ASST B MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D COMMUNITY HEALTH WORKER E COMMUNITY HEALTH MOTHER AND CHILD ... F OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S).</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>HOME YOUR HOME . . . A OTHER HOME . . . B</p> <p>PUBLIC/AGREE SECTOR REF. HOSPITAL C DIST. HOSPITAL D HEALTH CENTER E HEALTH POST F OTHER PUBLIC FACILITY _____ G (SPECIFY)</p> <p>PRIVATE MED. SECTOR POLYCLINIC . . . H CLINIC I DISPENSARY J OTHER PRIVATE MED. FACILITY _____ K (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>		
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	<p>MONTHS . . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
412	How many times did you receive antenatal care during this pregnancy?	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98 (SKIP TO 413) ←</p>		
412A	CHECK 412:	<p>2 OR MORE TIMES <input type="text"/> LESS THAN 2 TIMES <input type="text"/></p> <p>(SKIP TO 413) ↓</p>		
412B	How many months pregnant were you when you received your second antenatal care for this pregnancy?	<p>MONTHS . . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
412C	CHECK 412:	<p>3 OR MORE TIMES <input type="text"/> LESS THAN 3 TIMES <input type="text"/></p> <p>(SKIP TO 413) ↓</p>		
412D	How many months pregnant were you when you received your third antenatal care for this pregnancy?	<p>MONTHS . . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
412E	CHECK 412:	<p>4 OR MORE TIMES <input type="text"/> LESS THAN 4 TIMES <input type="text"/></p> <p>(SKIP TO 413) ↓</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
412F	How many months pregnant were you when you received your fourth antenatal care for this pregnancy?	MONTHS . . . <input type="text"/> <input type="text"/> DON'T KNOW 98		
413	As part of your antenatal care during this pregnancy, were any of the following done at least once: Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO BP 1 2 URINE 1 2 BLOOD 1 2		
414	During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	YES 1 NO 2 DON'T KNOW 8		
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 418) ← DON'T KNOW 8		
416	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8		
417	CHECK 416:	2 OR MORE OTHER TIMES <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 421) ↓		
418	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8		
419	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8		
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/>		
421	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the iron tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
423	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8		
424	During this pregnancy, did you take any antimalarial drugs?	YES 1 NO 2 (SKIP TO 430) ← DON'T KNOW 8		
425	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	COARTEM A QUININE B OTHER _____ X (SPECIFY) DON'T KNOW Z		
425A	Where did you get the antimalarial drug? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC/AGREE SECTOR REF. HOSPITAL . A DIST. HOSPITAL . B HEALTH CENTER C HEALTH POST... D OUTREACH ... E COMMUNITY HEALTH WORKER... F OTHER PUBLIC FACILITY _____ (SPECIFY) G PRIVATE MED. SECTOR POLYCLINIC ... H CLINIC I DISPENSARY ... J PHARMACY ... K OTHER PRIVATE MED. FACILITY _____ (SPECIFY) L OTHER SOURCE KIOSK M TRADITIONAL PRACTITIONER N CHURCH O FRIEND/RELATIVE P OTHER _____ X (SPECIFY)		
430	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	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
431	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8
432	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99.998
433	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A NURSE/MED. ASST B MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D COMMUNITY HEALTH WORKER E COMMUNITY HEALTH MOTHER AND CHILD ... F OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PERSONNEL DOCTOR A NURSE/MED. ASST B MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D COMMUNITY HEALTH WORKER E COMMUNITY HEALTH MOTHER AND CHILD ... F OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PERSONNEL DOCTOR A NURSE/MED. ASST B MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D COMMUNITY HEALTH WORKER E COMMUNITY HEALTH MOTHER AND CHILD ... F OTHER _____ X (SPECIFY) NO ONE Y
434	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME ... 11 (SKIP TO 438) ← OTHER HOME ... 12 PUBLIC/AGREE SECTOR REF. HOSPITAL 21 DIST. HOSPITAL 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC FACILITY _____ 26 (SPECIFY) PRIVATE MED. SECTOR POLYCLINIC 31 CLINIC 32 DISPENSARY 33 OTHER PRIVATE MED. FACILITY _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 438) ←	HOME YOUR HOME ... 11 (SKIP TO 448) ← OTHER HOME ... 12 PUBLIC/AGREE SECTOR REF. HOSPITAL 21 DIST. HOSPITAL 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC FACILITY _____ 26 (SPECIFY) PRIVATE MED. SECTOR POLYCLINIC 31 CLINIC 32 DISPENSARY 33 OTHER PRIVATE MED. FACILITY _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 448) ←	HOME YOUR HOME ... 11 (SKIP TO 448) ← OTHER HOME ... 12 PUBLIC/AGREE SECTOR REF. HOSPITAL 21 DIST. HOSPITAL 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC FACILITY _____ 26 (SPECIFY) PRIVATE MED. SECTOR POLYCLINIC 31 CLINIC 32 DISPENSARY 33 OTHER PRIVATE MED. FACILITY _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 448) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
435	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES 1 NO 2 (SKIP TO 436) ←	YES 1 NO 2 (SKIP TO 448) ←	YES 1 NO 2 (SKIP TO 448) ←												
435A	How did you travel to the health facility to deliver (NAME) by caesarean?	AMBULANCE 1 PRIVATE CAR ... 2 OTHER _____ 6 SPECIFY	AMBULANCE 1 PRIVATE CAR ... 2 OTHER _____ 6 SPECIFY	AMBULANCE 1 PRIVATE CAR ... 2 OTHER _____ 6 SPECIFY												
436	After you gave birth to (NAME), did anyone check on your health while you were still in the facility?	YES 1 (SKIP TO 439) ←														
437	Did anyone check on your health after you left the facility?	YES 1 (SKIP TO 439) ← NO 2 (SKIP TO 446) ←														
438	After you gave birth to (NAME), did anyone check on your health?	YES 1 NO 2 (SKIP TO 442) ←														
439	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MED. ASST 12 MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 COMMUNITY HEALTH MOTHER AND CHILD ... 23 OTHER _____ 96 (SPECIFY)														
440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW ... 998														
441	CHECK 437:	YES NOT ASKED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 446)														
442	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 446) ← DON'T KNOW 8														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
443	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HRS AFTER BIRTH .. 1 <input type="text"/></p> <p>DAYS AFTER BIRTH .. 2 <input type="text"/></p> <p>WKS AFTER BIRTH .. 3 <input type="text"/></p> <p>DON'T KNOW ... 998</p>		
444	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 NURSE/MED. ASST 12 MIDWIFE 13</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 COMMUNITY HEALTH MOTHER AND CHILD ... 23</p> <p>OTHER _____ 96 (SPECIFY)</p>		
445	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME ... 11 OTHER HOME ... 12</p> <p>PUBLIC/AGREE SECTOR REF. HOSPITAL 21 DIST. HOSPITAL 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC FACILITY _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR POLYCLINIC 31 CLINIC 32 DISPENSARY 33 OTHER PRIVATE MED. FACILITY _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>		
446	<p>In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		
447	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES 1 (SKIP TO 449) ←</p> <p>NO 2 (SKIP TO 450) ←</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
448	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 452) ←	YES 1 NO 2 (SKIP TO 452) ←
449	For how many months after the birth of (NAME) did you not have a period?		MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT NANT OR <input type="checkbox"/> UNSURE (SKIP TO 452) ←		
451	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 453) ←		
452	For how many months after the birth of (NAME) did you not have sexual intercourse?	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> DON'T KNOW 98	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> DON'T KNOW 98	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> DON'T KNOW 98
453	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 455) ← NO 2	YES 1 NO 2	YES 1 NO 2
454	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 460) (GO TO 460A)		
455	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 458) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
457	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER . . . B SUGAR OR GLU- COSE WATER . . . C GRIPE WATER . . . D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS . . . H COFFEE I HONEY J OTHER _____ X (SPECIFY)		
458	CHECK 404: IS CHILD LIVING?	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO TO 460A)	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO TO 460A)	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO TO 460A)
459	Are you still breastfeeding (NAME)?	YES 1 NO 2		
460	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	YES 1 NO 2 DON'T KNOW 8
460A	CHECK 434: WAS CHILD DELIVERED AT HOME?	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 461)	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 461)	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 461)
460B	Why you did not deliver (NAME) at a health facility?	FACILITY COST TOO MUCH 01 TOO FAR/NO TRANSPORT . . . 02 DON'T TRUST FACILITY 03 NO FEMALE PROVIDER 04 HUSBAND FAMILY DON'T ALLOW . 05 NOT NECESSARY/ EASY TO DELI- VERY/COMFOR- TABLE POSITION . 06 CUSTOMARY TO DELIVER AT HOME 07 OTHER _____ 96 SPECIFY	FACILITY COST TOO MUCH 01 TOO FAR/NO TRANSPORT . . . 02 DON'T TRUST FACILITY 03 NO FEMALE PROVIDER 04 HUSBAND FAMILY DON'T ALLOW . 05 NOT NECESSARY/ EASY TO DELI- VERY/COMFOR- TABLE POSITION . 06 CUSTOMARY TO DELIVER AT HOME 07 OTHER _____ 96 SPECIFY	FACILITY COST TOO MUCH 01 TOO FAR/NO TRANSPORT . . . 02 DON'T TRUST FACILITY 03 NO FEMALE PROVIDER 04 HUSBAND FAMILY DON'T ALLOW . 05 NOT NECESSARY/ EASY TO DELI- VERY/COMFOR- TABLE POSITION . 06 CUSTOMARY TO DELIVER AT HOME 07 OTHER _____ 96 SPECIFY
461		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. CHILD IMMUNIZATION, HEALTH AND NUTRITION

501	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2005 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).		
502	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
503	FROM 212 AND 216 NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 553)
504	Do you have a card where (NAME)'s vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3
505	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 509) ← NO 2	YES 1 (SKIP TO 509) ← NO 2
506	(1) COPY DATES FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.		
	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
	DAY MONTH YEAR	DAY MONTH YEAR	DAY MONTH YEAR
BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLIO 0 (POLIO GIVEN AT BIRTH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLIO 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLIO 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLIO 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PENTAVALENT 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PENTAVALENT 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PENTAVALENT 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PNEUMO. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PNEUMO. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PNEUMO. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEASLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VITAMIN A (MOST RECENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DAY MONTH YEAR	DAY MONTH YEAR	DAY MONTH YEAR
BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PC1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PC2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PC3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIT A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
507	CHECK 506: BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 511)	OTHER <input type="checkbox"/>	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 511)
		OTHER <input type="checkbox"/>	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 511)
		OTHER <input type="checkbox"/>	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 511)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
508	Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8
509	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8
510	Please tell me if (NAME) had any of the following vaccinations:			
510A	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	YES 1 NO 2 DON'T KNOW 8
510B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8
510C	Was the first polio vaccine given in the first two weeks after birth or later?	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2
510D	How many times was the polio vaccine given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510E	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 510G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8
510F	How many times was the DPT vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510G	A PCV vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 510I) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510I) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510I) ← DON'T KNOW 8
510H	How many times was the PCV vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH		
		NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____
510I	A measles injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	
511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	
513	Was (NAME) given any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	
514	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	
515	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	
516	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given 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	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	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	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	
517	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given 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	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	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	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	
517A	CHECK 453: CURRENTLY BREASTFED <input type="checkbox"/> NOT CURRENTLY BREASTFED <input type="checkbox"/> ↓ ↓ SKIP TO 518									
517B	When (NAME) had diarrhea, did you continue to breastfeed him/her?	YES 1 NO 2								
518	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
519	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REF. HOSPITAL A</p> <p>DIST. HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH ... E</p> <p>COMMUNITY HEALTH WORKER... F</p> <p>OTHER PUBLIC FACILITY _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>POLYCLINIC ... H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MED. FACILITY _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>KIOSK M</p> <p>TRADITIONAL PRACTITIONER N</p> <p>CHURCH O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REF. HOSPITAL A</p> <p>DIST. HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH ... E</p> <p>COMMUNITY HEALTH WORKER... F</p> <p>OTHER PUBLIC FACILITY _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>POLYCLINIC ... H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MED. FACILITY _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>KIOSK M</p> <p>TRADITIONAL PRACTITIONER N</p> <p>CHURCH O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REF. HOSPITAL A</p> <p>DIST. HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH ... E</p> <p>COMMUNITY HEALTH WORKER... F</p> <p>OTHER PUBLIC FACILITY _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>POLYCLINIC ... H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MED. FACILITY _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>KIOSK M</p> <p>TRADITIONAL PRACTITIONER N</p> <p>CHURCH O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
520	CHECK 519:	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 522) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 522) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 522) ←</p>
521	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 519.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
522	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhea:</p> <p>a) A fluid made from a special packet called ORS PACKET?</p> <p>b) A government-recommended homemade fluid?</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
523	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8
524	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) C UNKNOWN PILL OR SYRUP ... D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION ... G (IV) INTRAVENOUS H HOME REMEDY/HERBAL MEDICINE I OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) C UNKNOWN PILL OR SYRUP ... D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION ... G (IV) INTRAVENOUS H HOME REMEDY/HERBAL MEDICINE I OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) C UNKNOWN PILL OR SYRUP ... D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION ... G (IV) INTRAVENOUS H HOME REMEDY/HERBAL MEDICINE I OTHER _____ X (SPECIFY)
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8
526	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8
528	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8
529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____
530	CHECK 525: HAD FEVER OR COUGH?	YES <input type="checkbox"/> ↓	NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> ↓	NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> ↓	NO OR DK <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
531	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given 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	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	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
532	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given 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	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	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
533	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
534	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REF. HOSPITAL . A</p> <p>DIST. HOSPITAL . B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST ... D</p> <p>OUTREACH ... E</p> <p>COMMUNITY HEALTH WORKER ... F</p> <p>OTHER PUBLIC FACILITY _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>POLYCLINIC ... H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MED. FACILITY _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>KIOSK M</p> <p>TRADITIONAL PRACTITIONER N</p> <p>CHURCH O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REF. HOSPITAL . A</p> <p>DIST. HOSPITAL . B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST ... D</p> <p>OUTREACH ... E</p> <p>COMMUNITY HEALTH WORKER ... F</p> <p>OTHER PUBLIC FACILITY _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>POLYCLINIC ... H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MED. FACILITY _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>KIOSK M</p> <p>TRADITIONAL PRACTITIONER N</p> <p>CHURCH O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REF. HOSPITAL . A</p> <p>DIST. HOSPITAL . B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST ... D</p> <p>OUTREACH ... E</p> <p>COMMUNITY HEALTH WORKER ... F</p> <p>OTHER PUBLIC FACILITY _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>POLYCLINIC ... H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MED. FACILITY _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>KIOSK M</p> <p>TRADITIONAL PRACTITIONER N</p> <p>CHURCH O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
535	CHECK 534:	<p>TWO OR ONLY MORE ONE</p> <p><input type="checkbox"/> CODES CODE <input type="checkbox"/></p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 537)</p>	<p>TWO OR ONLY MORE ONE</p> <p><input type="checkbox"/> CODES CODE <input type="checkbox"/></p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 537)</p>	<p>TWO OR ONLY MORE ONE</p> <p><input type="checkbox"/> CODES CODE <input type="checkbox"/></p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 537)</p>
536	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 534.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
537	At any time during the illness, did (NAME) take any drugs for the illness?	<p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)</p> <p>DON'T KNOW 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
538	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS COARTEM ... A PRIMO ... B QUININE C OTHER ANTI-MALARIAL _____ ... D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... E INJECTION ... F OTHER DRUGS ASPIRIN G ACETA-MINOPHEN ... H IBUPROFEN ... I OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS COARTEM ... A PRIMO ... B QUININE C OTHER ANTI-MALARIAL _____ ... D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... E INJECTION ... F OTHER DRUGS ASPIRIN G ACETA-MINOPHEN ... H IBUPROFEN ... I OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS COARTEM ... A PRIMO ... B QUININE C OTHER ANTI-MALARIAL _____ ... D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... E INJECTION ... F OTHER DRUGS ASPIRIN G ACETA-MINOPHEN ... H IBUPROFEN ... I OTHER _____ X (SPECIFY) DON'T KNOW Z
539	CHECK 538: ANY CODE A-D CIRCLED?	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
540	CHECK 538: COARTEM ('A') GIVEN	CODE 'A' CIRCLED CODE 'A' NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 542) ←	CODE 'A' CIRCLED CODE 'A' NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 542) ←	CODE 'A' CIRCLED CODE 'A' NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 542) ←
541	How long after the fever started did (NAME) first take Coartem?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
542	CHECK 538: PRIMO ('B') GIVEN	CODE 'B' CIRCLED CODE 'B' NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 544) ←	CODE 'B' CIRCLED CODE 'B' NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 544) ←	CODE 'B' CIRCLED CODE 'B' NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 544) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
543	How long after the fever started did (NAME) first take Primo?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
544	CHECK 538: QUININE ('C') GIVEN	CODE 'C' CODE 'C' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED ↓ ↓ (SKIP TO 550) ←	CODE 'C' CODE 'C' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED ↓ ↓ (SKIP TO 550) ←	CODE 'C' CODE 'C' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED ↓ ↓ (SKIP TO 550) ←
545	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
550	CHECK 538: OTHER ANTIMALARIAL ('D') GIVEN	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED ↓ ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED ↓ ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED ↓ ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
551	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2005 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 554 _____ (NAME)		556
554	The last time (NAME FROM 553) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE ... 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY)	
555	CHECK 522(a) AND 522(b), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET OR HOMEMADE FLUID <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET OR HOMEMADE FLUID <input type="checkbox"/>		557
556	Have you ever heard of a special product called ORS PACKET you can get for the treatment of diarrhea?	YES 1 NO 2	
557	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2008 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 558 _____ (NAME)		601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
558	<p>Now I would like to ask you about liquids or foods that (NAME FROM 557) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.</p> <p>Did (NAME FROM 557) (drink/eat):</p> <table border="0" style="width: 100%;"> <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> </table> <p>a) Plain water? a) 1 2 8</p> <p>-----</p> <p>b) Juice or juice drinks? b) 1 2 8</p> <p>-----</p> <p>c) Soup? c) 1 2 8</p> <p>-----</p> <p>d) Milk such as tinned, powdered, or fresh animal milk? d) 1 2 8</p> <p style="margin-left: 20px;">IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'. NUMBER OF TIMES DRANK MILK <input type="text"/></p> <p>-----</p> <p>e) Infant formula? e) 1 2 8</p> <p style="margin-left: 20px;">IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'. NUMBER OF TIMES DRANK FORMULA <input type="text"/></p> <p>-----</p> <p>f) Any other liquids? f) 1 2 8</p> <p>-----</p> <p>g) Yogurt? g) 1 2 8</p> <p style="margin-left: 20px;">IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'. NUMBER OF TIMES ATE YOGURT <input type="text"/></p> <p>-----</p> <p>h) Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, E.G., Cerelac]? (17) h) 1 2 8</p> <p>-----</p> <p>i) Bread, rice, noodles, porridge, or other foods made from grains? i) 1 2 8</p> <p>-----</p> <p>j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside? j) 1 2 8</p> <p>-----</p> <p>k) White potatoes, white yams, manioc, cassava, or any other foods made from roots? k) 1 2 8</p> <p>-----</p> <p>l) Any dark green, leafy vegetables? l) 1 2 8</p> <p>-----</p> <p>m) Ripe mangoes, papayas or [INSERT ANY OTHER LOCALLY AVAILABLE VITAMIN A-RICH FRUITS]? m) 1 2 8</p> <p>-----</p> <p>n) Any other fruits or vegetables? n) 1 2 8</p> <p>-----</p> <p>o) Liver, kidney, heart or other organ meats? o) 1 2 8</p> <p>-----</p> <p>p) Any meat, such as beef, pork, lamb, goat, chicken, or duck? p) 1 2 8</p> <p>-----</p> <p>q) Eggs? q) 1 2 8</p> <p>-----</p> <p>r) Fresh or dried fish or shellfish? r) 1 2 8</p> <p>-----</p> <p>s) Any foods made from beans, peas, lentils, or nuts? s) 1 2 8</p> <p>-----</p> <p>t) Cheese or other food made from milk? t) 1 2 8</p> <p>-----</p> <p>u) Any other solid, semi-solid, or soft food? u) 1 2 8</p>		YES	NO	DK		
	YES	NO	DK				
559	<p>CHECK 558 (CATEGORIES "g" THROUGH "u"):</p> <p style="margin-left: 40px;">ALL "NO" <input type="checkbox"/></p> <p style="margin-left: 100px;">↓</p> <p style="margin-left: 100px;">AT LEAST ONE "YES" <input type="checkbox"/></p> <p style="margin-left: 100px;">OR ALL DKs</p>	<p>→ 561</p>					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
560	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES 1 (GO BACK TO 558 TO RECORD ← FOOD EATEN YESTERDAY) NO 2	→ 561A
561	How many times did (NAME FROM 557) eat solid, semisolid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	
561A	Have you ever heard of any counseling or education on nutrition?	YES 1 NO 2	→ 601
561B	Where did you hear about counseling or education on nutrition?	A HEALTH FACILITY A COMMUNITY HEALTH WORKER B FRIENDS/RELATIVE C MAGAZINE/PAPER/RADIO/TV D OTHER _____ X SPECIFY	

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 609
604	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
606	Does your (husband/partner) have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 609
607	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98	
608	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
610	CHECK 609: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE ↓ <input type="checkbox"/></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 ↓ <input type="checkbox"/></p> <p>Now I would like to ask 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	→ 612
611	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 628

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
614	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.														
615	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.</p> <p>IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p>	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td rowspan="4" style="border: none; vertical-align: middle;">} →</td> <td rowspan="2" style="border: none;">616</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td rowspan="2" style="border: none; vertical-align: middle;">} →</td> <td rowspan="2" style="border: none;">627</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			} →	616					} →	627		
		} →	616												
			} →	627											

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>
617	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 619) ←	YES 1 NO 2 (SKIP TO 619) ←	YES 1 NO 2 (SKIP TO 619) ←
618	Was a condom used 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
619	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) ← (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) ← (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) ← (SKIP TO 622) ←
620	CHECK 609:	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 622) ←	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 622) ←	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 622) ←
621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ↓
622	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>
623	How many times during the <u>last 12 months</u> did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
623A	How many times during the <u>last month</u> did you have sexual intercourse with this person?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
624	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
625	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 616 ← IN NEXT COLUMN) NO 2 (SKIP TO 627) ←	YES 1 (GO BACK TO 616 ← IN NEXT COLUMN) NO 2 (SKIP TO 627) ←	
626	In total, with how many different people have you had sexual intercourse in the <u>last 12 months</u> ? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98
626A	In total, with how many different people have you had sexual intercourse in the <u>last month</u> ? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST MONTH ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
627	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>													
628	<p>PRESENCE OF OTHERS DURING THIS SECTION</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>CHILDREN <10</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MALE ADULTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
MALE ADULTS	1	2													
FEMALE ADULTS	1	2													
629	<p>Do you know of a place where a person can get condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 632												
630	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE(S))</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REFERRAL HOSPITAL A</p> <p>DISTRICT HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH E</p> <p>COMMUNITY HEALTH WORKER F</p> <p>OTHER PUBLIC HEALTH FACILITY _____ G</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>FAMILY PLANING CLINIC L</p> <p>OTHER PRIVATE HEALTH FACILITY _____ M</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER SOURCES</p> <p>KIOSK N</p> <p>TRADITIONAL BIRTH ATT. O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p>													
631	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>													
632	<p>Do you know of a place where a person can get female condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 701												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
633	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REFERAL HOSPITAL A</p> <p>DISTRICT HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH E</p> <p>COMMUNITY HEALTH WORKER F</p> <p>OTHER PUBLIC HEALTH FACILITY _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>FAMILY PLANING CLINIC L</p> <p>OTHER PRIVATE HEALTH FACILITY _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCES</p> <p>KIOSK N</p> <p>TRADITIONAL BIRTH ATT. O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
634	<p>If you wanted to, could you yourself get a female condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 712
702	CHECK 226: PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input type="checkbox"/>		→ 704
703	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE/NONE 2 UNDECIDED/DON'T KNOW 8	→ 705 → 711
704	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 707 → 712 → 710
705	CHECK 226: NOT PREGNANT OR UNSURE <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	→ 710 → 712 → 710 → 710
706	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 711
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 712
708	CHECK 705: 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"/>		→ 711

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	<p>CHECK 703 AND 704:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/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>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DONT KNOW Z</p>	
710	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>↓</p> <p>NOT CURRENTLY USING</p> <p>NO, <input type="checkbox"/></p> <p>↓</p> <p>CURRENTLY USING <input type="checkbox"/></p> <p>YES, <input type="checkbox"/></p>		→ 712
711	<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>DONT KNOW 8</p>	
712	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>↓</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>NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓</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>NONE 00</p> <p>NUMBER <input type="text" value=""/><input type="text" value=""/></p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	→ 714

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="padding: 2px;">BOYS</th> <th style="padding: 2px;">GIRLS</th> <th style="padding: 2px;">EITHER</th> </tr> </thead> <tbody> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </tbody> </table> NUMBER OTHER _____ 96 (SPECIFY)	BOYS	GIRLS	EITHER										
BOYS	GIRLS	EITHER													
714	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <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>NEWSPAPER OR MAGAZINE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE ...	1	2	
	YES	NO													
RADIO	1	2													
TELEVISION	1	2													
NEWSPAPER OR MAGAZINE ...	1	2													
716	CHECK 601: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>	_____ → 801													
717	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING OR NOT ASKED <input type="checkbox"/>	_____ → 720													
718	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)													
719	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>	_____ → 801													
720	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8													

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>	<p>→ 803</p> <p>→ 807</p>	
802	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
803	Did your (last) (husband/partner) ever attend school?	<p>YES 1</p> <p>NO 2</p>	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher?	<p>PRIMARY 1</p> <p>POST-PRIMARY/VOCATIONAL 2</p> <p>SECONDARY 3</p> <p>TERTIARY 4</p> <p>PRE-PRIMARY 6</p> <p>DON'T KNOW 8</p>	→ 806
805	<p>What was the highest (grade/form/year) he completed at that level?</p> <p>IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.</p>	<p>GRADE <input type="text"/><input type="text"/></p> <p>DON'T KNOW 98</p>	
806	<p>CHECK 801:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>What is your (husband's/ partner's) occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) (husband's/ partner's) occupation? That is, what kind of work did he mainly do?</p>	<p>_____ <input type="text"/><input type="text"/></p> <p>_____</p> <p>_____</p>	
807	Aside from your own housework, have you done any work in the last seven days?	<p>YES 1</p> <p>NO 2</p>	→ 811
808	<p>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.</p> <p>In the last seven days, have you done any of these things or any other work?</p>	<p>YES 1</p> <p>NO 2</p>	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	<p>YES 1</p> <p>NO 2</p>	→ 811
810	Have you done any work in the last 12 months?	<p>YES 1</p> <p>NO 2</p>	→ 815
811	What is your occupation, that is, what kind of work do you mainly do?	<p>_____ <input type="text"/><input type="text"/></p> <p>_____</p> <p>_____</p>	
812	Do you do this work for a member of your family, for someone else, or are you self-employed?	<p>FOR FAMILY MEMBER 1</p> <p>FOR SOMEONE ELSE 2</p> <p>SELF-EMPLOYED 3</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	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	
814	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	
815	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 823
816	CHECK 814: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 819
817	Who usually decides how the money you earn will be used: mainly you, mainly your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER 6 (SPECIFY)	
818	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY 4 DON'T KNOW 8	→ 820
819	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER 6 (SPECIFY)	
820	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE IN FAMILY 4 OTHER 6	
821	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE IN FAMILY 4 OTHER 6	
822	Who usually makes decisions about visits to your family, relatives and friends?	RESPONDENT 1 HUSBAND/PARTNER 2 SOMEONE ELSE HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE IN FAMILY 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																													
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																													
825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="0"> <thead> <tr> <th></th> <th>PRES/ LISTEN.</th> <th>PRES/ NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN < 10</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		PRES/ LISTEN.	PRES/ NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3									
	PRES/ LISTEN.	PRES/ NOT LISTEN.	NOT PRES.																												
CHILDREN < 10	1	2	3																												
HUSBAND	1	2	3																												
OTHER MALES	1	2	3																												
OTHER FEMALES	1	2	3																												
826	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 has sex with someone else? If she burns the food?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SEX WITH SOMEONE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGL. CHILDREN	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	SEX WITH SOMEONE	1	2	8	BURNS FOOD	1	2	8	
	YES	NO	DK																												
GOES OUT	1	2	8																												
NEGL. CHILDREN	1	2	8																												
ARGUES	1	2	8																												
REFUSES SEX	1	2	8																												
SEX WITH SOMEONE	1	2	8																												
BURNS FOOD	1	2	8																												
827	In your opinion, is a parent justified in hitting or beating his children for the following reasons: If he disobeys? If he impolite? If he has embarrassed the family?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>DISOBEY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>IMPOLITE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>EMBARR. FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	DISOBEY	1	2	8	IMPOLITE	1	2	8	EMBARR. FAMILY	1	2	8													
	YES	NO	DK																												
DISOBEY	1	2	8																												
IMPOLITE	1	2	8																												
EMBARR. FAMILY	1	2	8																												

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 937																
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
903	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
906	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
907A	Can men reduce their chance of getting the AIDS virus by getting circumcised?	YES 1 NO 2 DON'T KNOW 8																	
908	Can the virus that causes AIDS be transmitted from a mother to her baby: 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																
909	CHECK 908: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> →	→ 911																
910	Are there any 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?	YES 1 NO 2 DON'T KNOW 8																	
910A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
910B	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus for prenuptial purposes?	YES 1 NO 2																	
910C	CHECK 601: CURRENTLY MARRIED <input type="checkbox"/> OR LIVING WITH A MAN ↓ FORMERLY MARRIED OR LIVING WITH A MAN <input type="checkbox"/> NEVER MARRIED OR NEVER LIVED WITH A MAN <input type="checkbox"/>		→ 911																
910D	I don't want to know the results, but have you ever been tested as couple with your husband/partner to see if you and/or him have the AIDS virus?	YES 1 NO 2	→ 911																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
910E	I don't want to know the results, but have you and your husband told each other the results of your tests?	YES 1 NO 2																	
911	CHECK 208 AND 215: NO BIRTHS <input type="checkbox"/> → 926 LAST BIRTH SINCE JANUARY 2008 <input type="checkbox"/> ↓ LAST BIRTH BEFORE JANUARY 2008 <input type="checkbox"/> → 926																		
912	CHECK 408 FOR LAST BIRTH: HAD ANTENATAL CARE <input type="checkbox"/> ↓ NO ANTENATAL CARE <input type="checkbox"/> → 920																		
913	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
914	During any of the antenatal visits for your last birth were you given any information about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS FROM MOTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>THINGS TO DO</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TESTED FOR AIDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	AIDS FROM MOTHER	1	2	8	THINGS TO DO	1	2	8	TESTED FOR AIDS	1	2	8	
	YES	NO	DK																
AIDS FROM MOTHER	1	2	8																
THINGS TO DO	1	2	8																
TESTED FOR AIDS	1	2	8																
915	Were you offered a test for the AIDS virus as part of your antenatal care?	YES 1 NO 2																	
916	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES 1 NO 2	→ 920																
917	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC/AGREE SECTOR REFERAL HOSPITAL 11 DISTRICT HOSPITAL 12 HEALTH CENTER 13 HEALTH POST 14 OUTREACH 15 COMMUNITY HEALTH WORKER 16 OTHER PUBLIC HEALTH FACILITY 17 (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC 21 CLINIC 22 DISPENSARY 23 PHARMACY 24 FAMILY PLANNING CLINIC 25 OTHER PRIVATE HEALTH FACILITY 26 (SPECIFY) OTHER SOURCES KIOSK 31 TRADITIONAL BIRTH ATT. 32 FRIEND/RELATIVE 33 OTHER 96 (SPECIFY) DON'T KNOW 98																	
918	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→ 924																
919	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES 1 NO 2 DON'T KNOW 8	→ 924																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
920	CHECK 434 FOR LAST BIRTH: ANY CODE <input type="checkbox"/> 21-36 CIRCLED OTHER <input type="checkbox"/>		→ 926
921	Between the time you went for delivery but before the baby was born, were you offered a test for the AIDS virus?	YES 1 NO 2	
922	I don't want to know the results, but were you tested for the AIDS virus at that time?	YES 1 NO 2	→ 926
923	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
924	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES 1 NO 2	→ 927
925	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 96	→ 932
926	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	→ 930
927	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 96	
928	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
929	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC/AGREE SECTOR REFERRAL HOSPITAL 11 DISTRICT HOSPITAL 12 HEALTH CENTER 13 HEALTH POST 14 OUTREACH 15 COMMUNITY HEALTH WORKER 16 OTHER PUBLIC HEALTH FACILITY _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC 21 CLINIC 22 DISPENSARY 23 PHARMACY 24 FAMILY PLANNING CLINIC 25 OTHER PRIVATE HEALTH FACILITY _____ 26 (SPECIFY) OTHER SOURCES KIOSK 31 TRADITIONAL BIRTH ATT. 32 FRIEND/RELATIVE 33 CORRECTIONAL FACILITY 34 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 932

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
930	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 932
931	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC/AGREE SECTOR REFERRAL HOSPITAL A DISTRICT HOSPITAL B HEALTH CENTER C HEALTH POST D OUTREACH E COMMUNITY HEALTH WORKER F OTHER PUBLIC HEALTH FACILITY _____ G (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K FAMILY PLANNING CLINIC L OTHER PRIVATE HEALTH FACILITY _____ M (SPECIFY) OTHER SOURCES KIOSK N TRADITIONAL BIRTH ATT. O FRIEND/RELATIVE P CORRECTIONAL FACILITY Q OTHER _____ X (SPECIFY)	
932	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
933	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8	
934	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
935	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
936	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
937	CHECK 901: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
938	CHECK 613: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 946
939	CHECK 937: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 941
940	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	
941	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	
942	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	
943	CHECK 940, 941, AND 942: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 946
944	The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 946
945	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC/AGREE SECTOR REFERRAL HOSPITAL A DISTRICT HOSPITAL B HEALTH CENTER C HEALTH POST D OUTREACH E COMMUNITY HEALTH WORKER F OTHER PUBLIC HEALTH FACILITY _____ G (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K FAMILY PLANNING CLINIC L OTHER PRIVATE HEALTH FACILITY _____ M (SPECIFY) OTHER SOURCES KIOSK N TRADITIONAL BIRTH ATT. O FRIEND/RELATIVE P OTHER _____ X (SPECIFY)	
946	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that he use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
947	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES	1	
		NO	2	
		DON'T KNOW	8	
948	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/> → 951			
949	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES	1	
		NO	2	
		DEPENDS/NOT SURE	8	
950	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES	1	
		NO	2	
		DEPENDS/NOT SURE	8	
951	A Have you ever heard about the following campaigns?	B How did you hear about (NAME OF CAMPAIGN)?	C Who did you talk to about (NAME OF CAMPAIGN)?	
	a) Sinigurisha YES 1 → NO 2 ↓	a) <input type="text"/> <input type="text"/>	a) <input type="text"/> <input type="text"/>	
	b) Fata umwana wese nkuwawe YES 1 → NO 2 ↓	b) <input type="text"/> <input type="text"/>	b) <input type="text"/> <input type="text"/>	
	c) World AIDS Day (Ivuga,kwipimisha virus SIDA ku bushake n'ababana, kugirango tugabanya ubwiyongere bw'ikwizwa ry' ubwandu bw'agakoko gatera SIDA) YES 1 → NO 2 ↓	c) <input type="text"/> <input type="text"/>	e) <input type="text"/> <input type="text"/>	
	d) World AIDS Day (Igakiririza ni uburyo bwo kwirinda SIDA tukavuge, tukabone, tugakoreshe: ni uburenganzira bwa buri wese.) YES 1 → NO 2 ↓	d) <input type="text"/> <input type="text"/>	d) <input type="text"/> <input type="text"/>	
	e) Tega amatwi wemve on the radio YES 1 → NO 2 ↓		e) <input type="text"/> <input type="text"/>	
	f) Zibukira on the radio YES 1 → NO 2 ↓		f) <input type="text"/> <input type="text"/>	
	g) Inshuti y'ubuzima on the radio YES 1 → NO 2 ↓		g) <input type="text"/> <input type="text"/>	
	CODE FOR 951B 01 = TELEVISION 02 = RADIO 03 = BILLBOARDS 04 = POSTERS 05 = PRINT MEDIA 06 = COMMUNITY/CHURCH/UMUGANDA MEETING OR THEATER 07 = SCHOOL/UNIVERSITY 08 = WORKPLACE 96 = OTHER	CODE FOR 951C: 01 = FAMILY MEMBER OR FRIEND 02 = COWORKER/SUPERVISOR AT WORK 03 = COMMUNITY HEALTH WORKER 04 = LOCAL GOVERNMENT LEADER 05 = LOCAL CHURCH LEADER 06 = TEACHER/PROFESSOR 07 = OUTREACH WORKER (NGO WORKER) 08 = NO ONE 96 = OTHER		

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1001	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	1004															
1002	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	1004															
1003	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																
1004	<p>Do you currently smoke cigarettes?</p>	<p>YES 1</p> <p>NO 2</p>	1006															
1005	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>NUMBER OF CIGARETTES <input type="text"/> <input type="text"/></p>																
1006	<p>Do you currently smoke or use any (other) type of tobacco?</p>	<p>YES 1</p> <p>NO 2</p>	1008															
1007	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE A</p> <p>CHEWING TOBACCO B</p> <p>SNUFF C</p> <p>OTHER _____ X (SPECIFY)</p>																
1008	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p>Getting permission to go to the doctor?</p> <p>Getting money needed for advice or treatment?</p> <p>The distance to the health facility?</p> <p>Not wanting to go alone?</p>	<table border="0"> <tr> <td></td> <td align="center">BIG PROB- LEM</td> <td align="center">NOT A BIG PROB- LEM</td> </tr> <tr> <td>PERMISSION TO GO ...</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>GETTING MONEY</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>DISTANCE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>GO ALONE</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		BIG PROB- LEM	NOT A BIG PROB- LEM	PERMISSION TO GO ...	1	2	GETTING MONEY	1	2	DISTANCE	1	2	GO ALONE	1	2	
	BIG PROB- LEM	NOT A BIG PROB- LEM																
PERMISSION TO GO ...	1	2																
GETTING MONEY	1	2																
DISTANCE	1	2																
GO ALONE	1	2																
1011	GO TO THE NEXT SECTION (11)																	

SECTION 11. ADULT MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1101	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>						
1102	CHECK 1101: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>							→ 1201
1103	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
1104	What was the name given to your oldest (next oldest) brother or sister?	(1)	(2)	(3)	(4)	(5)	(6)	
1105	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	
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (2) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (3) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (4) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (5) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (6) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (7) ←	
1107	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)	
1108	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"/>	
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1113	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<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"/>	
GO BACK TO 1104 IN NEXT COLUMN, OR, IF NO MORE BROTHERS OR SISTERS, GO TO THE NEXT SECTION.								

1104	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1105	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
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (8) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (9) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (10) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (11) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (12) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (13) ←
1107	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)
1108	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"/>
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
1113	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<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"/>
1114	GO BACK TO 1104 IN NEXT COLUMN, OR, IF NO MORE BROTHERS OR SISTERS, GO TO THE NEXT SECTION.						

SECTION 12. RELATIONSHIP IN THE HOUSEHOLD

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
1201	<p>CHECK COVER PAGE OF THIS QUESTIONNAIRE TO SEE IF WOMAN IS SELECTED FOR THIS SECTION</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="text-align: center;">↓</p>		1214																																								
1202	<p>CHECK FOR PRESENCE OF OTHERS:</p> <p>DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED <input type="checkbox"/> PRIVACY NOT POSSIBLE <input type="checkbox"/></p> <p style="text-align: center;">↓</p>		1214																																								
1203	<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 and no one else will know that you were asked these questions.</p>																																										
1204	<p>CHECK 601 AND 603 FOR MARITAL STATUS:</p> <p>CURRENTLY MARRIED OR LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED OR FORMERLY LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED OR NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p style="text-align: center;">↓</p>		1206																																								
1205	<p>A (Does/did) your (last) husband/partner ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you? YES 1 → NO 2 ↓</p> <p>b) slap you? YES 1 → NO 2 ↓</p> <p>c) twist your arm or pull your hair? YES 1 → NO 2 ↓</p> <p>d) punch you with his fist or with something that could hurt you? YES 1 → NO 2 ↓</p> <p>e) kick you, drag you or beat you up? YES 1 → NO 2 ↓</p> <p>f) try to choke you or burn you on purpose? YES 1 → NO 2 ↓</p> <p>g) threaten or attack you with a knife, gun, or any other weapon? YES 1 → NO 2 ↓</p> <p>h) physically force you to have sexual intercourse with him even when you did not want to? YES 1 → NO 2 ↓</p> <p>i) force you to perform any sexual acts you did not want to? YES 1 → NO 2 ↓</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>f)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>g)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>h)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>i)</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	a)	1	2	3	b)	1	2	3	c)	1	2	3	d)	1	2	3	e)	1	2	3	f)	1	2	3	g)	1	2	3	h)	1	2	3	i)	1	2	3	
	OFTEN	SOME-TIMES	NOT AT ALL																																								
a)	1	2	3																																								
b)	1	2	3																																								
c)	1	2	3																																								
d)	1	2	3																																								
e)	1	2	3																																								
f)	1	2	3																																								
g)	1	2	3																																								
h)	1	2	3																																								
i)	1	2	3																																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1206	<p>CHECK 601 AND 603: MARRIED/LIVING WITH A MAN/SEPARATED/DIVORCED/WIDOWED <input type="checkbox"/></p> <p>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 NO 2 REFUSED/NO ANSWER 3</p>	<p>1208</p>
1207	<p>Who has physically hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER A FATHER B STEP-MOTHER C STEP-FATHER D SISTER E BROTHER F DAUGHTER G SON H LATE/EX-HUSBAND/EX-PARTNER I CURRENT BOYFRIEND J FORMER BOYFRIEND K MOTHER-IN-LAW L FATHER-IN-LAW M OTHER FEMALE RELATIVE/IN-LAW N OTHER MALE RELATIVE/ IN-LAW O FEMALE FRIEND/ACQUAINTANCE P MALE FRIEND/ACQUAINTANCE Q TEACHER R EMPLOYER S POLICE/SOLDIER T STRANGER U OTHER _____ X (SPECIFY)</p>	
1208	<p>At any time in your life, <u>as a child or as an adult</u>, has anyone ever <u>forced you in any way</u> to have sexual intercourse or perform any other sexual acts against your will?</p>	<p>YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>1211</p>
1209	<p>How old were you the first first time you were forced to have sexual intercourse or perform any other sexual acts against your will?</p>	<p>AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
1210	<p>Who was the person who was forcing you at that time?</p>	<p>CURRENT HUSBAND/PARTNER 01 FORMER HUSBAND/PARTNER 02 CURRENT/FORMER BOYFRIEND 03 FATHER 04 STEP-FATHER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14 OTHER _____ 96 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1211	CHECK 1205, 1206, AND 1208: AT LEAST ONE YES <input type="checkbox"/> NOT A SINGLE YES <input type="checkbox"/>		1214
1212	Have you ever tried to get help to prevent or stop this or these person) from physically or sexually hurting you?	YES 1 NO 2	1214
1213	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	MOTHER A FATHER B STEP-MOTHER C STEP-FATHER D SISTER E BROTHER F DAUGHTER G SON H LATE/EX-HUSBAND/EX-PARTNER ... I CURRENT BOYFRIEND J FORMER BOYFRIEND K MOTHER-IN-LAW L FATHER-IN-LAW M OTHER FEMALE RELATIVE/IN-LAW ... N OTHER MALE RELATIVE/ IN-LAW ... O FEMALE FRIEND/ACQUAINTANCE ... P MALE FRIEND/ACQUAINTANCE Q TEACHER R EMPLOYER S POLICE/SOLDIER T STRANGER U OTHER X (SPECIFY)	
1214	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE RELATIONSHIP IN THE HOUSEHOLD MODULE _____ _____ _____ _____		
1215	RECORD THE TIME.	HOUR MINUTES	<input type="text"/> <input type="text"/>

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 SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:

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

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS
- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS/JADELLE
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M STANDARD DAYS METHOD
- N WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 SIDE EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____
 (SPECIFY)
- Z DON'T KNOW

			1	2	
06	JUN	01			
2	05	MAY	02		2
0	04	APR	03		0
1	03	MAR	04		1
1	02	FEB	05		1
	01	JAN	06		
<hr/>					
	12	DEC	07		
	11	NOV	08		
	10	OCT	09		
	09	SEP	10		
2	08	AUG	11		2
0	07	JUL	12		0
1	06	JUN	13		1
0	05	MAY	14		0
	04	APR	15		
	03	MAR	16		
	02	FEB	17		
	01	JAN	18		
<hr/>					
	12	DEC	19		
	11	NOV	20		
	10	OCT	21		
	09	SEP	22		
2	08	AUG	23		2
0	07	JUL	24		0
0	06	JUN	25		0
9	05	MAY	26		9
	04	APR	27		
	03	MAR	28		
	02	FEB	29		
	01	JAN	30		
<hr/>					
	12	DEC	31		
	11	NOV	32		
	10	OCT	33		
	09	SEP	34		
2	08	AUG	35		2
0	07	JUL	36		0
0	06	JUN	37		0
8	05	MAY	38		8
	04	APR	39		
	03	MAR	40		
	02	FEB	41		
	01	JAN	42		
<hr/>					
	12	DEC	43		
	11	NOV	44		
	10	OCT	45		
	09	SEP	46		
2	08	AUG	47		2
0	07	JUL	48		0
0	06	JUN	49		0
7	05	MAY	50		7
	04	APR	51		
	03	MAR	52		
	02	FEB	53		
	01	JAN	54		
<hr/>					
	12	DEC	55		
	11	NOV	56		
	10	OCT	57		
	09	SEP	58		
2	08	AUG	59		2
0	07	JUL	60		0
0	06	JUN	61		0
6	05	MAY	62		6
	04	APR	63		
	03	MAR	64		
	02	FEB	65		
	01	JAN	66		
<hr/>					
	12	DEC	67		
	11	NOV	68		
	10	OCT	69		
	09	SEP	70		
2	08	AUG	71		2
0	07	JUL	72		0
0	06	JUN	73		0
5	05	MAY	74		5
	04	APR	75		
	03	MAR	76		
	02	FEB	77		
	01	JAN	78		

RWANDA DEMOGRAPHIC AND HEALTH SURVEYS 2010
MAN'S QUESTIONNAIRE

MINECOFIN

MINISTRY OF HEALTH

NATIONAL INSTITUTE OF STATISTICS

IDENTIFICATION																
PLACE NAME _____																
NAME OF HOUSEHOLD HEAD _____																
CLUSTER NUMBER				<table border="1" style="width: 30px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>												
HOUSEHOLD STRUCTURE NUMBER				<table border="1" style="width: 30px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>												
HOUSEHOLD NUMBER				<table border="1" style="width: 30px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>												
NAME AND LINE NUMBER OF MAN _____																

INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY <table border="1" style="width: 30px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>						
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 30px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>						
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 30px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>						
NEXT VISIT: DATE	_____	_____		INT. NUMBER <table border="1" style="width: 30px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>						
TIME	_____	_____		RESULT <table border="1" style="width: 30px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>						
TOTAL NUMBER OF VISITS				<table border="1" style="width: 30px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>						

*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 OTHER _____ 6 SPECIFY	TRANSLATOR USED? YES 1 NO 2
---	---

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY																								
NAME _____ <table border="1" style="width: 30px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>							NAME _____ <table border="1" style="width: 30px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>							<table border="1" style="width: 30px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>							<table border="1" style="width: 30px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>						

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

<p>INFORMED CONSENT</p> <p>Hello. My name is _____ . I am working with the National Institute of Statistics of Rwanda. We are conducting a survey about health all over Rwanda.. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.</p> <p>In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.</p> <p>Do you have any questions? 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>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 POST-PRIMARY/VOCATIONAL 2 SECONDARY 3 TERTIARY 4 PRE-PRIMARY 6	
106	What is the highest (grade/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	CHECK 105: PRIMARY OR LESS <input type="checkbox"/> POST-PRIMARY/VOCATIONAL SECONDARY OR HIGHER <input type="checkbox"/>		→ 110
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
109	CHECK 108: CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 111
110	Do you read a newspaper or magazine, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
111	Do you listen to the radio, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112	Do you watch television, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
113	What is your religion?	CATHOLIC 1 PROTESTANT 2 ADVENTIST 3 MUSLIM 4 TRADITIONAL 5 OTHER 6 SPECIFY NO RELIGION 7	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE 00	→ 201
116	In the last 12 months, have you been away from home for more than one month at a time?	YES 1 NO 2	

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 in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. 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	<input type="checkbox"/> → 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"/> <input type="text"/> DAUGHTERS AT HOME <input type="text"/> <input type="text"/>	
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES 1 NO 2	<input type="checkbox"/> → 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"/> <input type="text"/> DAUGHTERS ELSEWHERE ... <input type="text"/> <input type="text"/>	
205A	Where do your sons or daughters who do not live with you live?	BOARDING SCHOOL A RELATIVE B IN THE STREET C WORK D SPECIFY _____ MARRIED E OTHER X (SPECIFY) _____ DON'T KNOW Z	
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"/> <input type="text"/> GIRLS DEAD <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <input type="text"/> <input type="text"/>	
209	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> → 212 HAS HAD ONLY ONE CHILD <input type="checkbox"/> → 212 HAS NOT HAD ANY CHILDREN <input type="checkbox"/> → 301		
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2	<input type="checkbox"/> → 212
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN <input type="text"/> <input type="text"/>	
212	How old were you when your (first) child was born?	AGE IN YEARS <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
213	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD <input type="checkbox"/>	NO LIVING CHILDREN <input type="checkbox"/>	→ 301
214	How old is your (youngest) child?	AGE IN YEARS <input type="text"/> <input type="text"/>	
215	CHECK 214: (YOUNGEST) CHILD IS AGE 0-2 YEARS <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES 1 NO 2 DON'T KNOW 8	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT 1 NOT PRESENT 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 OTHER 2	
220	When a child has diarrhea, how much should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing to drink at all?	MORE THAN USUAL 1 ABOUT THE SAME 2 LESS THAN USUAL 3 NOTHING TO DRINK 4 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2	
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
05	Implants/Jadelle. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
09	Lactational Amenorrhea Method (LAM)	YES 1 NO 2	
10	Rhythm Method. PROBE: 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	
11	Standard Days Methods (SDM). PROBE: The woman know days of the month when she can get pregnant by using beads or calendar	YES 1 NO 2	
12	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
13	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2	
14	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
302	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES 1 NO 2	
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 306
305	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	
306	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is a woman's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	DIS- AGREE AGREE DK CONTRACEPTION WOMAN'S BUSINESS 1 2 8 WOMEN MAY BECOME PROMISCUOUS 1 2 8	
307	CHECK 301 (07) KNOWS MALE CONDOM: YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 311
308	Do you know of a place where a person can get condoms?	YES 1 NO 2	→ 311
309	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC/AGREE SECTOR REFERRAL HOSPITAL A DISTRICT HOSPITAL B HEALTH CENTER C HEALTH POST D OUTREACH E COMMUNITY HEALTH WORKER OTHER PUBLIC HEALTH FACILITY _____ G (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K FAMILY PLANNING CLINIC L OTHER PRIVATE HEALTH FACILITY _____ M (SPECIFY) OTHER SOURCES KIOSK N TRADITIONAL BIRTH ATT. O FRIEND/RELATIVE P OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
310	If you wanted to, could you yourself get a condom?	YES 1 NO 2	
311	CHECK 301 (08) KNOWS FEMALE CONDOM: YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 401
312	Do you know of a place where a person can get female condoms?	YES 1 NO 2	→ 401
313	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC/AGREE SECTOR REFERAL HOSPITAL A DISTRICT HOSPITAL B HEALTH CENTER C HEALTH POST D OUTREACH E COMMUNITY HEALTH WORKER OTHER PUBLIC HEALTH FACILITY _____ G (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K FAMILY PLANNING CLINIC L OTHER PRIVATE HEALTH FACILITY _____ M (SPECIFY) OTHER SOURCES KIOSK N TRADITIONAL BIRTH ATT. O FRIEND/RELATIVE P OTHER _____ X (SPECIFY)	
314	If you wanted to, could you yourself get a female condom?	YES 1 NO 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→ 404															
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ 413															
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 410															
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2																
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE) 1 NO (ONLY ONE) 2	→ 407															
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... <input type="text"/> <input type="text"/>																
407	<p>CHECK 405:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of your wife (the woman you are living with as if married).</p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of each of your wives or each woman you are living with as if married.</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>408 ASK 408 FOR EACH PERSON.</p>	<p>408 How old was (NAME) on her last birthday?</p> <table border="1"> <thead> <tr> <th data-bbox="885 1008 1039 1050">NAME</th> <th data-bbox="1039 1008 1169 1050">LINE NUMBER</th> <th data-bbox="1169 1008 1299 1050">AGE</th> </tr> </thead> <tbody> <tr> <td data-bbox="885 1050 1039 1155">_____</td> <td data-bbox="1039 1050 1169 1155"><input type="text"/> <input type="text"/></td> <td data-bbox="1169 1050 1299 1155"><input type="text"/> <input type="text"/></td> </tr> <tr> <td data-bbox="885 1155 1039 1260">_____</td> <td data-bbox="1039 1155 1169 1260"><input type="text"/> <input type="text"/></td> <td data-bbox="1169 1155 1299 1260"><input type="text"/> <input type="text"/></td> </tr> <tr> <td data-bbox="885 1260 1039 1365">_____</td> <td data-bbox="1039 1260 1169 1365"><input type="text"/> <input type="text"/></td> <td data-bbox="1169 1260 1299 1365"><input type="text"/> <input type="text"/></td> </tr> <tr> <td data-bbox="885 1365 1039 1470">_____</td> <td data-bbox="1039 1365 1169 1470"><input type="text"/> <input type="text"/></td> <td data-bbox="1169 1365 1299 1470"><input type="text"/> <input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<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"/>	
NAME	LINE NUMBER	AGE																
_____	<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"/>																
409	<p>CHECK 407:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p>		→ 411A															
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→ 411A															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	In what month and year did you start living with your (wife/partner)?	MONTH <input type="text"/> <input type="text"/> DONT KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW YEAR 9998	→ 413
411A	Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?	MONTH <input type="text"/> <input type="text"/> DONT KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW YEAR 9998	→ 413
412	How old were you when you first started living with her?	AGE <input type="text"/> <input type="text"/>	
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	→ 501
415	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
416	When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	→ 417 → 434

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
417	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>
418	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 420) ←	YES 1 NO 2 (SKIP TO 420) ←	YES 1 NO 2 (SKIP TO 420) ←
419	Was a condom used 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
420	What was your relationship to this person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	WIFE 1 LIVE-IN PARTNER ... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←	WIFE 1 LIVE-IN PARTNER ... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←	WIFE 1 LIVE-IN PARTNER ... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←
421	CHECK 410:	MARRIED ONLY MARRIED MORE THAN ONCE OR 410 NOT FILLED (SKIP TO 423) ←	MARRIED ONLY MARRIED MORE THAN ONCE OR 410 NOT FILLED (SKIP TO 423) ←	MARRIED ONLY MARRIED MORE THAN ONCE OR 410 NOT FILLED (SKIP TO 423) ←
422	CHECK 414:	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE OTHER (SKIP TO 424) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE OTHER (SKIP TO 424) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE OTHER (SKIP TO 424) ↓
423	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>
424	How many times during the <u>last 12 months</u> did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
424A	How many times during the <u>last month</u> did you have sexual intercourse with this person?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
425	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98
426	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 417 ← IN NEXT COLUMN) NO 2 (SKIP TO 428) ←	YES 1 (GO BACK TO 417 ← IN NEXT COLUMN) NO 2 (SKIP TO 428) ←	
427	In total, with how many different people have you had sexual intercourse in the <u>last 12 months</u> ? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS . . . <input type="text"/> <input type="text"/> DON'T KNOW 98
427A	In total, with how many different people have you had sexual intercourse in the <u>last month</u> ? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST MONTHS . . . <input type="text"/> <input type="text"/> DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
428	CHECK 420 (ALL COLUMNS): AT LEAST ONE PARTNER IS A PROSTITUTE <input type="checkbox"/>	NO PARTNERS ARE PROSTITUTES <input type="checkbox"/>	→ 430
429	CHECK 420 AND 418 (ALL COLUMNS): OTHER <input type="checkbox"/>	CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/>	→ 433 → 434
430	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 432
431	Have you ever paid anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 434
432	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES 1 NO 2	→ 434
433	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	
434	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
435	CHECK 418, MOST RECENT PARTNER (FIRST COLUMN): CONDOM USED <input type="checkbox"/> NOT ASKED <input type="checkbox"/> NO CONDOM USED <input type="checkbox"/>		→ 438 → 438
436	You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	PRUDENCE 01 PLEASURE PLUS 02 OTHER 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REFERAL HOSPITAL 11</p> <p>DISTRICT HOSPITAL 12</p> <p>HEALTH CENTER 13</p> <p>HEALTH POST 14</p> <p>OUTREACH 15</p> <p>COMMUNITY HEALTH WORKER 16</p> <p>OTHER PUBLIC HEALTH FACILITY _____ 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC 21</p> <p>CLINIC 22</p> <p>DISPENSARY 23</p> <p>PHARMACY 24</p> <p>FAMILY PLANNING CLINIC 25</p> <p>OTHER PRIVATE HEALTH FACILITY _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCES</p> <p>KIOSK 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
438	<p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 501</p>
439	<p>What method did you or your partner use?</p> <p>PROBE:</p> <p>Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS/JADELLE E</p> <p>PILL F</p> <p>FEMALE CONDOM G</p> <p>DIAPHRAGM H</p> <p>FOAM/JELLY I</p> <p>LAM J</p> <p>RHYTHM METHOD K</p> <p>STANDARD DAYS METHOD L</p> <p>WITHDRAWAL M</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 509
502	CHECK 439: MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		→ 509
503	(Is your (wife/partner)/Are any of your (wives/partners)) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 505
504	Now I have some questions about the future. After the (child/children) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not have any more children?	HAVE ANOTHER CHILD 1 NO MORE/NONE 2 UNDECIDED/DON'T KNOW 8	→ 506 → 509
505	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE (WIVES)/PARTNER(S) STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 509
506	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>		→ 508
507	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW <input type="checkbox"/> WIFE/PARTNER 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 COUPLE INFECUND 994 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 509
508	How long would you like to wait from now before the birth of (a/another) child?	MONTHS 1 YEARS 2 SOON/NOW 993 HE/ALL HIS WIVES/PARTNERS ARE INFECUND 994 OTHER 996 (SPECIFY) DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	<p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> 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>NONE 00</p> <p>NUMBER <input type="text"/><input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 601</p> <p>→ 601</p>
510	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days?	YES 1 NO 2	→ 604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES 1 NO 2	→ 604
603	Have you done any work in the last 12 months?	YES 1 NO 2	→ 610
604	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	
605	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	
606	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	
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 612
608	CHECK 606: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 610
609	Who usually decides how the money you earn will be used: mainly you, mainly your (wife (wives)/partner(s)), or you and your (wife (wives)/partner(s)) jointly?	RESPONDENT 1 WIFE(WIVES)/PARTNER(S) 2 RESPONDENT AND WIFE (WIVES)/PARTNER(S) JOINTLY 3 OTHER 6 SPECIFY _____	
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT 1 WIFE(WIVES)/PARTNER(S) 2 RESPONDENT AND WIFE (WIVES)/PARTNER(S) JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE(WIVES)/PARTNER(S) 2 RESPONDENT AND WIFE (WIVES)/PARTNER(S) JOINTLY 3 SOMEONE ELSE 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																													
613	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																													
614	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 has sex with someone else? If she burns the food?	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SEX WITH SOMEONE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGL. CHILDREN ...	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	SEX WITH SOMEONE	1	2	8	BURNS FOOD	1	2	8	
	YES	NO	DK																												
GOES OUT	1	2	8																												
NEGL. CHILDREN ...	1	2	8																												
ARGUES	1	2	8																												
REFUSES SEX	1	2	8																												
SEX WITH SOMEONE	1	2	8																												
BURNS FOOD	1	2	8																												
615	In your opinion, is a parent justified in hitting or beating his son for the following reasons: If he disobeys? If he impolite? If he has embarrassed the family?	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>DISOBEY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>IMPOLITE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>EMBARR. FAMILY ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	DISOBEY	1	2	8	IMPOLITE	1	2	8	EMBARR. FAMILY ...	1	2	8													
	YES	NO	DK																												
DISOBEY	1	2	8																												
IMPOLITE	1	2	8																												
EMBARR. FAMILY ...	1	2	8																												

SECTION 7. HIV/AIDS

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	→ 723																
702	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
703	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
706	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
707	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
707A	Can men reduce their chance of getting the AIDS virus by getting circumcised?	YES 1 NO 2 DON'T KNOW 8																	
708	Can the virus that causes AIDS be transmitted from a mother to her baby: 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																
709	CHECK 708: AT LEAST <input type="checkbox"/> ONE 'YES' ↓ OTHER <input type="checkbox"/> →		→ 711																
710	Are there any 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?	YES 1 NO 2 DON'T KNOW 8																	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
711A	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus for prenuptial purposes?	YES 1 NO 2																	
711B	CHECK 401 AND 402: CURRENTLY MARRIED <input type="checkbox"/> OR LIVING WITH A WOMEN ↓ FORMERLY MARRIED OR LIVING WITH A WOMEN ↓ NEVER MARRIED OR NEVER LIVED WITH A WOMAN <input type="checkbox"/> →		→ 712																
711C	I don't want to know the results, but have you ever been tested as a couple with your wife/partner to see if you and/or him have the AIDS virus?	YES 1 NO 2	→ 712																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711D	I don't want to know the results, but have you and your wife told each other the results of your tests?	YES 1 NO 2	→ 713
712	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	→ 716
713	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 96	
714	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
715	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC/AGREE SECTOR REFERAL HOSPITAL 11 DISTRICT HOSPITAL 12 HEALTH CENTER 13 HEALTH POST 14 OUTREACH 15 COMMUNITY HEALTH WORKER 16 OTHER PUBLIC HEALTH FACILITY 17 (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC 21 CLINIC 22 DISPENSARY 23 PHARMACY 24 FAMILY PLANNING CLINIC 25 OTHER PRIVATE HEALTH FACILITY 26 (SPECIFY) OTHER SOURCES KIOSK 31 TRADITIONAL BIRTH ATT. 32 FRIEND/RELATIVE 33 CORRECTIONAL FACILITY 34 OTHER 96 (SPECIFY) DONT KNOW 98	→ 718
716	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 718

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REFERAL HOSPITAL A</p> <p>DISTRICT HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH E</p> <p>COMMUNITY HEALTH WORKER F</p> <p>OTHER PUBLIC HEALTH FACILITY _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>FAMILY PLANING CLINIC L</p> <p>OTHER PRIVATE HEALTH FACILITY _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCES</p> <p>KIOSK N</p> <p>TRADITIONAL BIRTH ATT. O</p> <p>FRIEND/RELATIVE P</p> <p>CORRECTIONAL FACILITY Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
718	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
719	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
720	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
721	<p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
722	<p>Should children age 12-14 be taught about using a condom to avoid getting AIDS?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
723	<p>CHECK 701:</p> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> <p>.....</p> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 414: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 732
725	CHECK 723: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 727
726	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	
727	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	
728	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES 1 NO 2 DON'T KNOW 8	
729	CHECK 726, 727, AND 728: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 732
730	The last time you had (PROBLEM FROM 726/727/728), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 732
731	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC/AGREE SECTOR REFERAL HOSPITAL A DISTRICT HOSPITAL B HEALTH CENTER C HEALTH POST D OUTREACH E COMMUNITY HEALTH WORKER... F OTHER PUBLIC HEALTH FACILITY G (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K FAMILY PLANNING CLINIC L OTHER PRIVATE HEALTH FACILITY M (SPECIFY) OTHER SOURCES KIOSK N TRADITIONAL BIRTH ATT. O FRIEND/RELATIVE P OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
732	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES	1	
		NO	2	
		DON'T KNOW	8	
733	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES	1	
		NO	2	
		DON'T KNOW	8	
734	<p>A Have you ever heard about the following campaigns?</p> <p>a) Sinigurisha YES 1 → NO 2 ↓</p> <p>b) Fata umwana wese nkuwawe YES 1 → NO 2 ↓</p> <p>c) World AIDS Day (Ivuga,kwipimisha virus SIDA ku bushake n'ababana, kugirango tugabanya ubwiyongere bw'ikwizwa ry' ubwandu bw'agakoko gatera SIDA) YES 1 → NO 2 ↓</p> <p>d) World AIDS Day (Igakiririza ni uburyo bwo kwirinda SIDA tukavuge, tukabone, tugakoreshe: ni uburenganzira bwa buri wese.) YES 1 → NO 2 ↓</p> <p>e) Tega amatwi wemve on the radio YES 1 → NO 2 ↓</p> <p>f) Zibukira on the radio YES 1 → NO 2 ↓</p> <p>g) Inshuti y'ubuzima on the radio YES 1 → NO 2 ↓</p>	<p>B How did you hear about (NAME OF CAMPAIGN)?</p> <p>a) <input type="text"/> <input type="text"/></p> <p>b) <input type="text"/> <input type="text"/></p> <p>c) <input type="text"/> <input type="text"/></p> <p>d) <input type="text"/> <input type="text"/></p>	<p>C Who did you talk to about (NAME OF CAMPAIGN)?</p> <p>a) <input type="text"/> <input type="text"/></p> <p>b) <input type="text"/> <input type="text"/></p> <p>e) <input type="text"/> <input type="text"/></p> <p>d) <input type="text"/> <input type="text"/></p> <p>e) <input type="text"/> <input type="text"/></p> <p>f) <input type="text"/> <input type="text"/></p> <p>g) <input type="text"/> <input type="text"/></p>	
<p>CODE FOR 951B</p> <p>01 = TELEVISION 02 = RADIO 03 = BILLBOARDS 04 = POSTERS 05 = PRINT MEDIA 06 = COMMUNITY/CHURCH/UMUGANDA MEETING OR THEATER 07 = SCHOOL/UNIVERSITY 08 = WORKPLACE 96 = OTHER</p>		<p>CODE FOR 951C:</p> <p>01 = FAMILY MEMBER OR FRIEND 02 = COWORKER/SUPERVISOR AT WORK 03 = COMMUNITY HEALTH WORKER 04 = LOCAL GOVERNMENT LEADER 05 = LOCAL CHURCH LEADER 06 = TEACHER/PROFESSOR 07 = OUTREACH WORKER (NGO WORKER) 08 = NO ONE 96 = OTHER</p>		

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 805
802	How old were you when you got circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW 98	
803	Who did the circumcision?	TRADITIONAL PRACTITIONER/ FAMILY/FRIEND 1 HEALTH WORKER/PROFESSIONAL 2 OTHER 3 DON'T KNOW 8	
804	Where was it done?	HEALTH FACILITY 1 HOME OF A HEALTH WORKER/ PROFESSIONAL 2 CIRCUMCISION DONE AT HOME ... 3 RITUAL SITE 4 OTHER HOME/PLACE 5 DON'T KNOW 8	
805	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 808
806	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 808
807	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	
808	Do you currently smoke cigarettes?	YES 1 NO 2	→ 810
809	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/>	
810	Do you currently smoke or use any (other) type of tobacco?	YES 1 NO 2	→ 812

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
811	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CHEWING TOBACCO B SNUFF C OTHER _____ X (SPECIFY)									
814	RECORD THE TIME.	HOUR <table border="1" data-bbox="1198 415 1291 468"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> MINUTES <table border="1" data-bbox="1198 468 1291 520"> <tr><td></td><td></td></tr> <tr><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 SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____